

**BELL & CLARK FUNERAL HOME  
4152 WEST BLUE HERON BLVD  
RIVIERA BEACH, FLORIDA 33404**

**TEL: 561.563.4100/FAX: 1.888.510.9969  
EMAIL: bellandclark@gmail.com**

**AUTHORIZATION TO RELEASE REMAINS**

To: BELL & CLARK FUNERAL HOME Re: \_\_\_\_\_  
(Name of Decedent)

The undersigned hereby authorizes and requests release of the remains of the above name decedent to the following Funeral Home, including its agents.

BELL & CLARK FUNERAL HOME - 4152 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404  
(Name and Address of Funeral Home)

Phone number: 561.463.4100 The above-named Funeral Home including its agent, is hereby authorized to sign on the undersigned's behalf, any all other authorizations that may be required to secure release of the above-named decedent. The undersigned further.

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed \_\_\_\_\_

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed \_\_\_\_\_

**AUTHORIZATION TO EMBALM**

To: \_\_\_\_\_ Re: \_\_\_\_\_  
(Name of Decedent)

I, \_\_\_\_\_ check one: Do ( ) or Do Not ( ) request EMBALMING, which I understand is the replacement of body fluids by chemical preservatives, or the application of chemical preservatives for the temporary preservation of the body. Further understand that EMBALMING IS NOT REQUIRED BY LAW.

The undersigned hereby acknowledges and agrees that the foregoing Authorization to EMBALM permits the above mentioned (Funeral Home) to use the service of Independent Embalmers and / or apprentices or student interns in connection to embalming, Care and Preparation for disposition of the decedent, provided that any person rendering such service is allowed to perform such work under applicable law. The undersigned further acknowledges that the Embalming, Care and preparation for disposition of the decedent may be performed at the Funeral Home's facility or at another facility equipped to provide such services. The undersigned hereby agrees to INDEMNIFY and HOLD HARMLESS the Funeral Home, its affiliates and their agents and employees from any and all Liability or Claims which may result form any action taken in accordance with this Authorization to Embalm.

Executed in the City: \_\_\_\_\_ in the State of: \_\_\_\_\_

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed \_\_\_\_\_

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed \_\_\_\_\_