

JUDKINS COLONIAL HOME, Inc.

428 West Fourth Street, (P.O. Box 1351)

Plainfield, New Jersey 07061

Phone: (908) 756-4429

Joseph B. Judkins, Founder

Harvey L. Judkins, Manager

NJ Lic. No. 2242

EMBALMING AUTHORIZATION

1. PARTIES:

“FUNERAL HOME”: _____

“REPRESENTATIVE”: _____

“DECEDENT”: _____

2. RELATIONSHIP OF REPRESENTATIVE: The **REPRESENTATIVE** warrants and represents to the **FUNERAL HOME** that the relationship between the **REPRESENTATIVE** and the **DECEDENT** is as follows: (Check the appropriate space)

_____ Spouse

_____ Next-of-Kin (Closest Living Relative)

_____ Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.

_____ Other: _____

3. AUTHORITY OF REPRESENTATIVE: The **REPRESENTATIVE** warrants and represents **FUNERAL HOME** that the **REPRESENTATIVE** is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the **DECEDENT** and that no other person(s) has a superior right over the right of the **REPRESENTATIVE**.

4. EMBALMING AUTHORIZATION: The **REPRESENTATIVE** authorizes and directs the **FUNERAL HOME**, its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm and prepare the body of the **DECEDENT**. The **REPRESENTATIVE** acknowledges that this authorization encompasses permission to embalm at the **FUNERAL HOME** facility or at another facility equipped for embalming.

5. INDEMNIFICATION: The **REPRESENTATIVE** agrees to indemnify and hold harmless the **FUNERAL HOME** from any claims or causes of action arising or related in any respect to this embalming authorization or the **FUNERAL HOME'S** reliance thereon.

DATE:

SIGNATURE OF REPRESENTATIVE: