



PACIFIC NORTHWEST CREMATION

AUTHORIZATION TO EMBALM

The following form shall be used to secure the consent necessary

I, _____ DO _____ DO NOT _____

Request embalming; which I understand is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law, but that PNW Cremation may require embalming for certain services provided, such as a public viewing of the body.

The undersigned hereby represents that they have the legal right to control the disposition of the decedent.

Signed _____ Relationship _____

Date _____

SPOKANE – 4407 N. Division St, Suite 103 • Spokane, WA 99207 • (509) 483-3440

VALLEY – 12209 E Mission Ave, Suite 4 • Spokane Valley, WA 99206 • (509) 926-2020