

# General Authorization for Preparation of Remains

Name of Decedent: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Death: \_\_\_\_\_

## Verbal Authorization

Embalming or other preparation was discussed with next-of-kin or person responsible for planning arrangements.

Authorization to embalm received from \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. Date \_\_\_\_\_

Received by \_\_\_\_\_

## Written Authorization

Except in certain special cases, embalming is not required by law. Embalming may be necessary if you select certain funeral arrangements, (e.g. a funeral with a viewing). If you do not want embalming, you usually have the right to choose an arrangement that does not require it, such as direct cremation or immediate burial.

Please check each line by the preparation you authorize. With your check mark, you acknowledge that you are authorizing \_\_\_\_\_ to prepare the remains of the deceased according to your direction, by a licensed embalmer and/or registered apprentice, or student of mortuary science in this facility or other facility recognized to be fully in accordance with \_\_\_\_\_ state statutes.

It is hereby acknowledged that a charge for embalming and other preparation of remains that is further authorized will be incurred. Refrigeration of the remains of the deceased is recognized as the alternative to embalming. If embalming preparation is declined, it is hereby acknowledged that a charge for refrigeration may be incurred.

Embalming, including restoration and reconstruction as needed

Setting features, bathing and disinfecting with relief of gastrointestinal pressure in the abdomen by means of aspiration

Spot embalming and cosmetic rejuvenation in hands and face only

Removal of the following implants and/or medical devices \_\_\_\_\_

Obtain fingerprints for memorialization

Obtain a lock of hair for memorialization

Photograph for purposes of restoration, reconstruction and education

Other \_\_\_\_\_

By executing this authorization, the undersigned warrants that all representations and statements contained on this form are true and correct.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Funeral Home Representative \_\_\_\_\_