



FUNERAL-CHOICE.COM

FUNERAL SERVICE PLANNING MADE EASY

EMBALMING AUTHORIZATION

EMBALMING AUTHORIZATION:

The undersigned, being of the same and nearest degree of relationship to the deceased, and/or are legally authorized or charged with the responsibility for such burial and/or other disposition of the deceased body.

Name of Deceased:

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Prefix

First Name

Middle Name

Last Name

Suffix

Hereby authorize(s) the Funeral Home listed by name and address below (and/or its agents) permission to embalm, and or disinfect, and or preserve for burial and or other disposition of the deceased body.:

Name of Funeral Home:

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Address:

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Street Address

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Street Address Line 2

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City

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State/Province

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Postal/Zip Code

Name of Person Authorizing Embalming:

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Relationship to the Deceased:

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Signature:

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Date of Authorized:

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