



Family owned since 1894

## Authorization for disposition with or without embalming

To: White-Emerson Mortuary

RE: services for: \_\_\_\_\_ (Decedent's name)

I, \_\_\_\_\_ do \_\_\_\_\_ do not \_\_\_\_\_ (check one) 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.**

I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

\_\_\_\_\_  
*(Name and address of funeral establishment)*

then returned for funeral services. I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: \_\_\_\_\_, Relationship \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_, Time \_\_\_\_\_ at City \_\_\_\_\_, State \_\_\_\_\_.

### To be completed by funeral establishment if Authorization to Embalm and notification to transport is obtained orally (by telephone):

The above statement of authorization and notification was read to \_\_\_\_\_ Relationship \_\_\_\_\_, who did \_\_\_ did not \_\_\_ (check one) authorize embalming at the above funeral establishment.

Authorization from City \_\_\_\_\_, State \_\_\_\_\_, phone number \_\_\_\_\_

Date and time of authorization: \_\_\_\_\_

#### Signature of funeral establishment representative accepting authorization:

I declare myself under penalty of perjury that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_.

Signature \_\_\_\_\_