

AUTHORIZATION TO EMBALM

I (We) authorize _____ Funeral Home/Mortuary and its staff, independent contractors, and agents (including intern and/or practicum students under the direct supervision of a licensed embalmer) to care for, embalm, and prepare the body of

Name of Deceased

I (We) certify that I (We) am/are the next of kin of the deceased and/or have the legal right to control the disposition of the deceased under applicable laws. I (We) are aware of no other person(s) with an equal or greater right to control who objects to this procedure.

I (We) acknowledge that the authorization encompasses permission to embalm at the Funeral Home/Mortuary facility or at another facility equipped for embalming. I (We) further acknowledge and understand that the embalming process is irreversible and that it may involve reconstructive surgery and other practices deemed necessary to prepare the body for burial or other disposition.

I (We) hereby agree to indemnify, defend, and hold harmless the Funeral Home/Mortuary, their officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transmitted to the Funeral Home/Mortuary, or any other action performed by the Funeral Home/Mortuary, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Authorized by Name (please print): _____

Signature: _____

Address: _____

Relationship: _____

Date: _____

Funeral Director Information:

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Received via: ☐ In person ☐ Via Email ☐ Verbal _____