|  |  |  |
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| 🞎 Facility Name HereAddress line 1Address line 2Phone / Fax | 🞎 Facility Name HereAddress line 1Address line 2Phone / Fax | 🞎 Facility Name HereAddress line 1Address line 2Phone / Fax |

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| **Embalming Authorization** |
| **Decedent Name:** |
| **ORAL AUTHORIZATION TO EMBALM****(Note: Written authorization is REQUIRED)** | **WRITTEN AUTHORIZATION TO EMBALM** |
| Name of person with the right to control disposition: | Name of person with the right to control disposition: |
|  |  |
| Relationship to Decedent: | Relationship to Decedent: |
|  |  |
| Phone Number: | Phone Number: |
|  |  |
| **Date contacted** | **Time contacted** | **Date signed** | **Time signed** |
|  |  |  |  |
| **Funeral home licensee or representative****acquiring ORAL authorization** | **Funeral home licensee or representative****acquiring WRITTEN authorization** |
| Print |  | Print |  |
| Sign |  | Sign |  |
|  | **Signature of person with the** **right to control disposition** |
| **X** |  |

|  |
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| **Name of Embalmer:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Facility Responsible for Embalming:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |