

AUTHORIZATION TO EMBALM

The following form shall be used to secure the consent necessary under the Health & Safety Code.

Autumn Funerals & Cremations

Name of Deceased _____

I, _____ do ___ do Not ___ 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.**

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

Executed this _____ day of _____, 20 _____

Signature Relationship _____

To Be Completed By Funeral Home if Authorization To Embalm Was Obtained Orally (By Telephone)

Name of Deceased _____

I, _____ do ___ do Not ___ 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.**

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

The above statement was read to: _____ Relationship _____

Address: _____

Who did ___ Did Not ___ Authorize Embalming

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Funeral Director: _____ Date/Time _____