

# AUTHORIZATION TO EMBALM OR WITHHOLD EMBALMING

\_\_\_\_\_  
(Name of decedent)

## 1. PARTIES AND DEFINITIONS:

FUNERAL HOME: Smith-Lund-Mills Funeral Chapel  
(Name of funeral establishment)

DECEDENT: \_\_\_\_\_  
(Name of decedent)

REPRESENTATIVE: \_\_\_\_\_  
(Name of person who has right to control final disposition)

PHONE: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

EMBALMING OCCURRED:  Smith-Lund-Mills Funeral Chapel  Alternative Facility  Name \_\_\_\_\_

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL ESTABLISHMENT that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:  
(Check appropriate box) (Check appropriate box)

- |   |  |
|---|--|
| <input type="checkbox"/> The spouse of the decedent                                     | <input type="checkbox"/> A person in the next degree of kinship                    |
| <input type="checkbox"/> A son or daughter (18 years of age or older) of the decedent   | <input type="checkbox"/> The personal representative of the estate of the decedent |
| <input type="checkbox"/> Either parent of the decedent                                  | <input type="checkbox"/> The personal representative named in the decedent's will  |
| <input type="checkbox"/> A brother or sister (18 years of age or older) of the decedent | <input type="checkbox"/> A public health officer                                   |
| <input type="checkbox"/> A guardian of the decedent at the time of death                | <input type="checkbox"/> Other   |

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL ESTABLISHMENT that the REPRESENTATIVE is the person or the appointed agent of the person who, by law, has the paramount right to arrange and direct the disposition of the remains of the DECEDENT, and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **AUTHORIZATION TO EMBALM OR WITHHOLD EMBALMING:** The REPRESENTATIVE authorizes the FUNERAL ESTABLISHMENT to:

**EMBALM** the DECEDENT

The representative AUTHORIZES AND DIRECTS the funeral establishment, its employees, independent contractors, and agents (including apprentices), to care for, embalm and prepare the body of the DECEDENT. The REPRESENTATIVE acknowledges that this authorization encompasses permission to embalm at the FUNERAL ESTABLISHMENT facility or at another facility equipped for embalming. In providing this authorization, REPRESENTATIVE acknowledges that embalming is not an exact science and that results are dependent upon a number of factors, including, but not limited to the conditions under which the death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, life-saving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

**WITHHOLD EMBALMING** of the DECEDENT

The REPRESENTATIVE directs the FUNERAL ESTABLISHMENT not to embalm the body of the DECEDENT. The FUNERAL ESTABLISHMENT is authorized by the REPRESENTATIVE to wash and disinfect, and to perform industry standard procedures to the body of the DECEDENT for viewing purposes, or the FUNERAL ESTABLISHMENT'S reliance thereon. The REPRESENTATIVE acknowledges that, without embalming, FUNERAL ESTABLISHMENT loses some ability to control physical and/or cosmetic changes that may occur to the DECEDENT.

5. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL ESTABLISHMENT from any claims or causes of action arising or related in any respect to the directions as set forth above.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Funeral Est. Rep: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_