



Removal and Embalming Authorization

Name of Deceased: _____

Date of Death: _____

The undersigned person(s) individually or jointly authorizes **Ledford Funeral Home, Inc.** or **Leonard & Smith Funeral and Cremation Services, Inc.** to remove the above named deceased from the place of death or Medical Facility to Ledford Funeral Home, Inc. and/or to Leonard & Smith Funeral and Cremation Services, Inc.

By checking this box [], I **do** authorize Ledford Funeral Home, Inc. and/or Leonard & Smith Funeral and Cremation Services, Inc. to **embalm**, care for and prepare for final disposition the remains of the above named deceased person in accordance with customary practices as provided by the rules, regulations and laws of the State of New Jersey.

By checking this box [], I **do not** authorize Ledford Funeral Home, Inc. and/or Leonard & Smith Funeral and Cremation Services, Inc. to embalm the remains of the above names deceased.

Authorizing Agents Information

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Relationship to deceased: _____

Authorizing Agent Signature: _____