



GLUNT FUNERAL HOME AND CREMATORY^{INC}

210 ERIE STREET • EDINBORO, PA 16412

David T. Glunt, L.F.D. & Supervisor

814-734-1611

Harry D. Glunt, L.F.D.

Authorization to Embalm

Full Name of Deceased: _____ Date of Death: _____

I/We authorize **Glunt Funeral Home and Crematory, Inc.** 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 the above named deceased.

I/We acknowledge that the authorization encompasses permission to embalm at **Glunt Funeral Home and Crematory, Inc.** 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 certify that I/We am/are the next of kin of the above named deceased and/or have the complete legal right and authority to control the disposition of the above named deceased and to make/execute this authorization and that I/We are aware of no other person(s) with an equal or greater right to control who objects to this authorization.

I/We hereby agree to indemnify, defend, and hold harmless **Glunt Funeral Home and Crematory, Inc.** their directors, officers, employees, affiliates, agents, assigns and successors, 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 fines, legal fees, costs and expenses of litigation and against any loss it or any of them may sustain arising as a result of, based upon or connected with this authorization, or any other action performed by **Glunt Funeral Home and Crematory, Inc.** their directors, officers, employees, affiliates, agents, assigns or successors, pursuant to this authorization.

Done this _____ day of _____, 20 _____.

Signature: _____ Printed Name: _____

Relationship to Deceased: _____

Signature: _____ Printed Name: _____

Relationship to Deceased: _____

Signature of Witness: _____ Printed Name: _____

Authorization Received via (circle): Telephone In Person Facsimile Pre-need