ROSS-BLUFORD FUNERAL SERVICE P.A.
8001 BRANCH AVENUE
Clinton, MD. 20735
***Office* (301)868-0050 *Fax* (301)567-9403**

blufordfuneral@gmail.com

AUTHORIZATION TO EMBALM

The undersigned hereby authorize **Ross- Bluford Funeral Service** and/or its agents, to care for, embalm and otherwise prepare for burial and /or other disposition of the body of

_____
(Decease Name)

I hereby represent that I am of the same and nearest degree of relationship to the deceased and legally authorized or charged with the responsibility for such burial and /or other disposition.

_____ _____
(Name) (Relationship)

Date: _____

_____Verbal permission

Revised: 9/23