

# Authorization to Embalm at Funeral Establishment or Other Location

Name of Licensed Funeral Establishment \_\_\_\_\_

Name of \_\_\_\_\_ Date of Death \_\_\_\_\_ the undersigned, understanding that embalming is not required by law except in certain special cases authorize embalmer as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangement, the name, address, and license number of the facility where the embalming occurred and the name and license number of the embalmer and any provisional license or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensee), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, to embalm at the funeral establishment or at another facility equipped for embalming, including and the funeral establishment's employees, independent contractors, agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission for a school or college of mortuary science.

X \_\_\_\_\_ Date signed: \_\_\_\_\_  
Signature of next -of- kin or Person Responsible for deciding for final disposition

-----  
Note: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.

////////////////////////////////////  
Location of embalming disclosure was discussed with next- of- kin or person responsible for making arrangements.

Authorization to embalm received from \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Time: \_\_\_\_\_ A. M. Date: \_\_\_\_\_

Received By: \_\_\_\_\_

////////////////////////////////////

If no authorization can be obtained, complete the following:

I hereby acknowledge that Proctor's Mortuary has made reasonable effort over a period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. Times contact with family attempted:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_  
Signature and Licensed # of Embalmer

The undersigned, who represents the deceased, hereby declares that having legal authority to do so, refused to give permission to embalm the above-named deceased individual.

X \_\_\_\_\_ Date: \_\_\_\_\_