Heritage Mortuary, Inc.

3610 North Rancho Drive. • Las Vegas, Nevada 89130 Main: (702) 852-1464 • Fax: (702) 947-4649

AUTHORIZATION TO EMBALM

By signing this form you are granting Heritage Mortuary, Inc., to include its agents, employees, and or any apprentices or students (including those from a mortuary school) who are under the direct supervision of a licensed embalmer, whether this occurs at this location or another location authorization to embalm the body of:

			Date of Death:		
(Deceased Full	Name)				
The undersigned responsible for a	d hereby represents that he/shany and all cost associated wit	ne, or they, have the legal rigl h this procedure.	nt to authorize the embal	ming of this body and ,	will be fully
Signature:					
Printed Name:		. ,			
Your Relationshi	p To Deceased:			-	
Additional Signat	ture;				
	d Name:		•		en f
	onship:				
Witness:	<i>(</i>		Date:		
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	FOF	R VERBAL (TELEPHONE) A			·
Name of Authoriz	ation Individual:				
Your Relationship	To Deceased:				
Date:	Time:	Received By:		•	
Notes:			,		
M	Heritage Mortuary Inc. Auth	orization to Embalm Form R	evised 12/2012 — Confid	fential Dogument	