AUTHORIZATION TO EMBALM

Re: _____

Name of Deceased

I, _____, do request embalming for my

Informant's Name

_____, which I understand is the addition to,

Relationship to Deceased

or the replacement of body fluids, by chemical preservatives of the body. I authorize and direct the Garden Island Mortuary, Ltd. its employees, independent contractors, and agents (including apprentices and/or mortuary assistance, under the direct supervision of a licensed embalmer), to care for, embalm and/or prepare the body of the decedent. I acknowledge that the authorization encompasses permission to embalm at Garden Island Mortuary, Ltd. facility as to the physical appearance of the decedent after embalming, makeup application if any, dressing of the decedent and/or placement of the decedent in the casket.

I understand that embalming is not required unless there is going to be a viewing.

I hereby represent and warrant to the Garden Island Mortuary, Ltd. that I have the legal right to control the disposition of the remains of the decedent, and I will defend, indemnify, and do hold harmless the Garden Island Mortuary, Ltd., for and against all claims; damages and losses which may be asserted dubbed persons claiming a superior right to control such disposition or arising out of the physical appearance of the decedent.

I hereby certify that I am the next of kin or person responsible for making the final disposition arrangements:

_____ _____

Print Informant's Name | Informant's Signature

_____ _____

Relationship to the Deceased | Date

Licensed Mortician/Apprentice Embalmer:

_____ _____

Licensed Mortician/Apprentice Embalmer Signature | Date