AUTHORIZATION TO EMBALM

Use this portion when authorization is given in person

Authorization is granted to	, to embalm the body
(name of funeral establ	shment)
of:	·
(name of deceased)	
Authorization is granted to	
,	
Name of person giving authorization	Date and Time
Relationship to deceased:	
Name and title of representative of funeral establishr	nent receiving authorization.
Verbal Authorization:	
·	
Otilei	
Authorization was communicated to me by:	
Relationship to deceased	(person who verbally authorized embalming)
Name and title of representative of funeral establish	