

**RAIRIGH-BENCE FUNERAL HOME & CREMATORY**  
**AUTHORIZATION TO EMBALM**

965 Philadelphia St., Indiana, PA 15701  
724-349-2000 - David A. Rairigh, Supervisor

655 Franklin St., Clymer, PA 15728  
724-254-4342 - Taylor S. Allison, Supervisor

The undersigned hereby authorizes Rairigh-Bence Funeral Home & Crematory and/or its agents, to care for, embalm and otherwise prepare for burial and/or other disposition of the body of:

(Name of Deceased)\_\_\_\_\_.

The Representative warrants and represents to the Rairigh-Bence Funeral Home & Crematory that he or she is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the decedent and that no other person(s) has a superior right over the right of the Representative.

The Representative authorizes and directs Rairigh-Bence Funeral Home & Crematory, its employees, independent contractors, and agents (including apprentices and or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, perform restorative measures, and prepare the body of the decedent. The Representative acknowledges that this authorization encompasses permission to embalm at the Rairigh-Bence Funeral Home & Crematory facility or at another facility equipped for embalming.

In providing this authorization, the Representative acknowledges that embalming is not an exact science and that results are dependent upon a number of factors, including but not limited to the conditions under which death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, especially analgesics administered prior to death, life-saving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post mortem (autopsy) examinations.

The Representative agrees to indemnify and hold harmless the Rairigh-Bence Funeral Home & Crematory from any claims or causes of action arising or related in any respect to this embalming authorization or the funeral home's reliance thereon.

Name of Representative:\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name:\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_