

# Lozano's

## FLAGSTAFF MORTUARY & CREMATORY

2545 N. Fourth Street ~ Flagstaff, Arizona 86004  
(800) 774-1467 ~ Fax (928) 779-1196

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### AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: **Lozano's Flagstaff Mortuary**

RE: \_\_\_\_\_ (Decedent) I: \_\_\_\_\_

**DO** \_\_\_\_ **DO NOT** \_\_\_\_ (CHECK ONE) request embalming, which I understand is the addition to, or the replacement of body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed Funeral Establishment,

Lozano's Flagstaff Mortuary & Crematory, 2545 N. Fourth St., Flagstaff, AZ 86004

(Name and address of Funeral Establishment)

then returned for funeral services. I understand I may be charged an additional fee for transport.

**Signed:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Executed this \_\_\_\_ day of \_\_\_\_\_, at City \_\_\_\_\_, State \_\_\_\_\_

***To be completed by Funeral Establishment if authorization to embalm and notification to transport is obtained orally (by phone)***

The above statement of authorization was read to: \_\_\_\_\_  
Relationship: \_\_\_\_\_, **WHO DID** \_\_\_\_ **DID NOT** \_\_\_\_  
Authorize embalming at the above named Funeral Establishment. City: \_\_\_\_\_,  
State \_\_\_\_\_. Phone: \_\_\_\_\_, Date and time of authorization  
granted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AM/PM

***Signature of Funeral Establishment representative accepting authorization.***

I declare under penalty of perjury that the foregoing is true and correct. Executed  
This \_\_\_\_ day of \_\_\_\_\_, at City: \_\_\_\_\_, State: \_\_\_\_\_

(S) \_\_\_\_\_