

Lozano's

FLAGSTAFF MORTUARY & CREMATORY

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

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) _____

Note: Authorities cited: Title 32, Professions and Occupations Code. Reference: section 32-1301. Professions and Occupations Code Funeral Directors & Embalmers and Department of Health Services Rules & Regulations Arizona Revised Statutes R9-19-312 Preservation of Bodies: General.