|  |  |  |
| --- | --- | --- |
| 🞎 Facility Name Here Address line 1Address line 2 Phone / Fax | 🞎 Facility Name Here Address line 1Address line 2 Phone / Fax | 🞎 Facility Name Here Address line 1Address line 2 Phone / Fax |

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| --- | --- | --- | --- | --- | --- | --- |
| **Embalming Authorization** | | | | | | |
| **Decedent Name:** | | | | | | |
| **ORAL AUTHORIZATION TO EMBALM**  **(Note: Written authorization is REQUIRED)** | | | **WRITTEN AUTHORIZATION TO EMBALM** | | | |
| Name of person with the right to control disposition: | | | Name of person with the right to control disposition: | | | |
|  | | |  | | | |
| Relationship to Decedent: | | | Relationship to Decedent: | | | |
|  | | |  | | | |
| Phone Number: | | | Phone Number: | | | |
|  | | |  | | | |
| **Date contacted** | | **Time contacted** | **Date signed** | | | **Time signed** |
|  | |  |  | | |  |
| **Funeral home licensee or representative**  **acquiring ORAL authorization** | | | **Funeral home licensee or representative**  **acquiring WRITTEN authorization** | | | |
| Print |  | | Print | |  | |
| Sign |  | | Sign | |  | |
|  | | | **Signature of person with the**  **right to control disposition** | | | |
| **X** |  | | |

|  |
| --- |
| **Name of Embalmer:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Facility Responsible for Embalming:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |