EMBALMING AUTHORIZATION FORM



"Helping You Serve Families Better"

Name of Decedent	
ORAL PERMISSION:	
Name of person with right to control disposition:	
Relationship to the decedent	
Date contactedTime contacted	i
Phone number of authorizing individual	
Signature of funeral home licensee / representative ac	quiring the oral permission
Printed name of funeral home licensee / representative ac	equiring the oral permission
WRITTEN AUTHORIZATION CONFIRMATION OF ORAL PE	<u>RMISSION</u>
I,, being the decedent's (printed name of person with right to control disposition) have requested	
(name of deceased)	
Time contacted Phone number of authorizing individual	
Signature of the person with the right to control disposition	Date signed
Signature of funeral home licensee / representative acq	uiring written authorization
Printed name of funeral home licensee / representative acc	quiring written authorization