

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: _____ CALI HOME FUNERAL SERVICES _____ (Funeral Establishment Name)

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 for 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:

(name and address of funeral establishment)

then returned for funeral services. I understand that 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 TELEPHONE)

The above statement of authorization and notification was read to

_____, Relationship _____

who did _____ did not _____ (check one) authorize embalming at the above named funeral establishment.

City _____, State _____ Phone () _____

Date and time authorization granted: _____

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 _____

Signed _____

RELEASE AUTHORIZATION

TO: _____

THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE

REMAINS OF: Mr./Ms. _____

TO: Cali Home Funeral Services, 4683 Mercury Street, Suite A, CA 92111.

FD #2057 Telephone: (858)722-2185. (619) 708-9716 Fax (888) 245-5399

INCLUDING ITS AGENTS:

The above named funeral home, including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above named decedent. The undersigned further represent that they have the legal right to make this authorization.

_____ (signature) Full name: _____	_____ (relationship to decedent)	_____ (date)
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_____ (signature) Full name: _____	_____ (relationship to decedent)	_____ (date)
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