AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO:			
(Funeral Establis	hment Name)		
RF·			
(Decedent)			
preservatives or the preservation of the	, constorage or embalm	nical preservatives for that embalming is	•
	(Locatio	on Name and Address)	
The undersigned hof the remains of t		at he/she has the leg	al right to control disposition
Signed:	, Relationship to Decedent:		
Executed this	day of	at	(City and State)
	(Month)	(Year)	(City and State)
	pe completed by the f g is obtained orally.	uneral establishmen	t if authorization to accept or
			s read and/or provided to edent:
establishment. Tel	t (check one) authors below the common state of the common sta		edent:, he above named funeral
	be completed by the forization to accept o		t representative who is
	nalty of perjury that th _ day of		and correct. (City and State)
		(. 501)	(, 3 5)
Funeral Establishment Rep	resentative (Print Name)	Funeral Establish	ment Representative (Signature)