

EMBALMING AUTHORIZATION

Deceased Name _____ Date of Death _____

Oral Authorization

Authorization received from _____ Relationship _____

Received by _____ Date _____ Time _____

Written Authorization

I/We authorize the above named deceased to be embalmed by Angels Cremation & Burial. I am the surviving legal next of kin of the above mentioned named decedent, or the legal representative of such said person, as such, has the paramount right to direct disposition of the body of the decedent.

The undersigned authorizes and directs Angels Cremation & Burial, its employee, independent contractors, and agents (including apprentices and or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, and prepare the body of the decedent.

In the event permission to embalm is not given, the remains will be placed in refrigeration. For this accommodation there may be additional charges. No public viewing. _____

The undersigned recognizes Angels Cremation & Burial is not responsible for the continued preservation of the remains once the body is no longer available to care for.

The undersigned acknowledges that the authorization encompasses permission to embalm at the funeral home facility or at another facility equipped for embalming.

Signature Relationship

We were told that we would have the opportunity to view the body and make a decision as to whether or not to have an open or a closed casket. If we do not take the opportunity to view the body before the viewing we take full responsibility for the condition of the body. We know the casket will remain open until the mortuary has been notified to close it. We take full responsibility for the casket remaining open and release ANGELS CREMATION & BURIAL and all employees and representatives of all liability pertaining to the viewing of the above named deceased.

Signature Date Relationship

Restorative Surgery

I/We in accordance to the above relationship disclosure hereby authorize and hold harmless and indemnify Angels Cremation & Burial's licensed Funeral Director and or Embalmer to restore the remains to the best of their ability. It is further understood that the charge for this procedure is \$75.00 per hour, with a \$75.00 minimum. It is understood that Angels Cremation & Burial shall keep time and charges to a minimum. It has been fully disclosed to me/us the extent of the damages /injuries, etc. and approximate time frame and charges have been fully explained. I/We understand that the total charge for this procedure is to be paid in full prior to final disposition of said remains.

Signature Relationship

.....

Date _____ Funeral Home Representative _____