

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment: Rest Haven Funeral Home

Name of Deceased _____ Date of Death _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer’s direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment’s employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

Since embalming is not considered long term preservation, the liability of Rest Haven Funeral Home for continued preservation of the deceased is no longer in effect. After final disposition of the remains (interment, entombment, or cremation) Rest Haven has no control over events that may happen and, in the event the licensed professional(s) responsible for preparation of the deceased deem it necessary, photographs could be required for identification.

Signature of next-of-kin or person responsible for making arrangements for final disposition Date

Note: Mortuary students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure

If authorization is oral, complete the following:	
Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.	
Authorization to embalm received from _____	
Relationship to Deceased _____	
Time _____ a.m. or p.m.	Date _____
Received by _____	

If no authorization can be obtained, complete the following:

I hereby acknowledge that Rest Haven Funeral Home has made a reasonable effort over a period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission.

Times contact with family attempted _____

Signature and License number of Embalmer

REFUSAL OF EMBALMING AND INDEMNIFICATION

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual. In consideration of such agreement not to embalm the body, the undersigned hereby releases Rest Haven Funeral Home or it’s agent, of any liability or litigation should any arise due to such failure to embalm.

Signature and Relationship to Deceased

Date