

# EMBALMING AUTHORIZATION FORM

Your dba Name and  
Physical Address

\_\_\_\_\_  
Name of Decedent

## **ORAL PERMISSION:**

Name of person with right to control disposition: \_\_\_\_\_

Relationship to the decedent \_\_\_\_\_

Date contacted \_\_\_\_\_ Time contacted \_\_\_\_\_

Phone number of authorizing individual \_\_\_\_\_

\_\_\_\_\_  
Signature of funeral home licensee / representative acquiring the **oral** permission

\_\_\_\_\_  
Printed name of funeral home licensee / representative acquiring the oral permission

## **WRITTEN AUTHORIZATION -- CONFIRMATION OF ORAL PERMISSION**

I, \_\_\_\_\_, being the decedent's \_\_\_\_\_,  
(printed name of person with right to control disposition) (relationship to deceased)

have requested \_\_\_\_\_ to embalm the body of  
(funeral establishment)

\_\_\_\_\_  
(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 acquiring **written** authorization

\_\_\_\_\_  
Printed name of funeral home licensee / representative acquiring written authorization