LA PAZ FUNERAL HOME

AUTHORIZATION TO EMBALM AND PREPARE

Permission to embalm:	YE	S NO	Person giving permission:								
Deceased's Name:		Contract #:									
I/We hereby authorize											
			(Na	me of Funeral Ho	me)						
Including, its agents	and	employees	to embalm,	care for	and	prepare	for	disposition	the	body	of
				, in accord	ance v	with its cu	stom	ary practices	3.		
	(Name of Deceased)										
I/We acknowledge and embalmers, apprentices provided that any perso acknowledge and agree the Funeral home's faci	s or stu on rend that th lity or a	udent interns lering such s he embalmir at another fa	s in connection services is allo ng care, and p acility equippe	n with such owed to per oreparation d to provide	emba form s for dis e such	lming, car uch work position a services.	re an unde autho I/We	d preparation er applicable rized hereby e represent th	n for d law. l may nat l/V	disposi I/We fu be per Ve hav	tion, Irther formed at re legal

authority to give this authorization. I/We agree to indemnify and hold harmless the Funeral Home, it's affiliates and their agents and employees from any and all liability or claims which may arise as a result of this AUTHORIZATION TO EMBALM AND PREPARE or any action taken in accordance herewith.

(Signature and Relationship to Deceased)	Date							
(Signature and Relationship to Deceased)	Date							
If authorization is oral, complete the following:								
Authorization received from:	Relationship:							
Date and Time received:	Received by:							

If no permission can be obtained; complete the following:

I hereby acknowledge that

has made a reasonable and diligent effort

(documented below) over a period of at least two hours to obtain authorization to embalm the deceased. Listed below are the names, telephone numbers and relationship to the Deceased of each person we attempted to contact for authorization and the date and time each such attempt was made.

(Name of Funeral Home)

(Signature of Funeral Home Representative)

(Date)