

PERMISSION TO EMBALM

Date _____ 20__

AUTHORIZATION TO EMBALM AND PREPARE HUMAN REMAINS FOR FINAL DISPOSITION

Authorization is hereby granted to Mathis Funeral Home, or the bearer mortuary, including its
(NAME OF MORTUARY)
agents, to embalm, care for and prepare for final disposition in accordance with customary professional practice,
the body of: _____ . The undersigned hereby represents that he/she,
or they, have the legal right to control the disposition of said decedent:

_____ Relationship _____
_____ Relationship _____

IF AUTHORIZATION TO EMBALM IS GRANTED ORALLY (BY TELEPHONE), COMPLETE THE FOLLOWING:

The above statement of authorization was read to, and authorized by:

_____ Relationship _____

City _____ State _____ Zip _____ Phone () _____

Date and time authorization granted _____, 20__ at _____ A.M. _____ P.M.

Signature of mortuary representative accepting authorization _____