

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: New Options Funeral Services, (Funeral Establishment Name)

RE: deceased, I,

Do do not (check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

New Options Funeral Service , 1100 S. Raymond Ave, Unit C, Fullerton, California,
(Name and address of funeral establishment)

then returned for funeral services. I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has the legal right to control such disposition of the remains of the decedent.

Signed Relationship:

Executed this at _____.
(State)

To Be Completed by Mortuary if Authorization to Embalm is Obtained Orally (by Telephone):

The above statement of authorization and notification was read to: __ __

Relationship; __, who did __ did not __ (check one) authorize embalming at the

above named funeral establishment, City: Placentia, State CA. Phone (_714 528 7100__)

Date and time authorization granted: _____,

Signature of funeral establishment representative accepting authorization.

I declare under the penalty of perjury that the foregoing is true and correct. Executed
this _____ day of _____, 2013, at Placentia, CA.

(s) _____