AUTHORIZATION TO EMBALM AT FUNERAL
ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment ____________________________

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.

________________________________________________ Date Signed ___________
Signature of next-of-kin or Person Responsible for making arrangements for final
disposition

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 for embalming 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 ____________________________ 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 # of Embalmer

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.

__________________________ ____________________________
Signature Date