



701 East Bastanchury Road
Fullerton, CA 92835-2770

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: _____
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming 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, _____ do ___ do not ___ *(check one)* request embalming.
I understand that for storage or embalming purposes the decedent may be transported to the following location:

(Location Name and Address)

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

Signed: _____, Relationship to Decedent: _____

Executed this _____ day of _____, _____, at _____.
(Day) (Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained verbally:

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____, who did ___ did not ___ *(check one)* authorize embalming at the above named funeral establishment.

Telephone Number: (_____) _____ - _____

Date and time authorization granted: ____/____/____ : ____ AM / PM

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming:

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, _____, at _____.
(Day) (Month) (Year) (City and State)

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)