

Date of Death: _____

Place: _____ Case# _____

EMBALMING AUTHORIZATION

1. PARTIES

Funeral Home: Directors Choice
(Name of Funeral Home)

Representative: _____
(Name of Representative)

Decedent: _____
(Name of Decedent)



2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to Directors Choice that the relationship between the REPRESENTATIVE and the DECEASED is as follows: (Check the appropriate box)

Spouse
 Next-of-Kin (Closest Living Relative)
 Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his/her behalf.
 Other (Specify): _____

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to Directors Choice that the REPRESENTATIVE is the person of the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEASED and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **EMBALMING AUTHORIZATION:** The REPRESENTATIVE authorizes and directs DIRECTORS CHOICE & CREMATORY, its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, perform restorative measures, and prepare the body of the DECEASED. The REPRESENTATIVE acknowledges that this authorization encompasses permission to embalm at DIRECTORS CHOICE & CREMATORY facility or at another facility equipped for embalming. In providing this authorization, REPRESENTATIVE acknowledges that embalming is an exact science and that results are dependent upon a number of factors, including, but not limited to the condition under which the death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, especially analgesics administered prior to death, lifesaving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

5. **PHOTOGRAPHS:** Unless the box at the end of this paragraph is checked by the REPRESENTATIVE, DIRECTORS CHOICE has authorization to take photographs of the remains to document the condition of the remains prior to or during embalming. These photographs will be maintained in the internal records of DIRECTORS CHOICE & CREMATORY.
Permission is denied.

6. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless DIRECTORS CHOICE from any claims of causes of action related in any respect to this embalming authorization or DIRECTORS CHOICE reliance thereon.

DATE:

SIGNATURE OF REPRESENTATIVE

X _____

ORAL AUTHORIZATION

Authorization received from: _____ Time _____

Relationship: _____ Date _____

For Noblin Funeral Service: _____