

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: California Cremation Society (Funeral Establishment Name)

RE: _____ (Decedent) 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:

California Cremation Society 798 South 2nd St. San Jose, CA. 95112
(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 disposition of the remains of the decedent.



Signed: _____, Relationship _____

Executed this _____ day of _____, _____, at City _____, State _____.

To Be Completed by funeral establishment if Authorization to Embalm and Notification to Transport 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 _____, State _____, Phone (_____)

Date and time authorization granted: _____

Signature of funeral establishment representative accepting authorization.

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

Executed this _____ day of _____, _____, at City _____, State _____.

(s) _____