

EMBALMING AUTHORIZATION FORM

Centennial Funeral Home
401 Church Street
Minneapolis, MN 55455

Name of Decedent

ORAL PERMISSION:

Name of person with right to control disposition: _____

Relationship to the decedent: _____

Date contacted _____ Time contacted _____ Phone number _____

Signature of funeral home licensee / representative acquiring **oral** permission

Printed name of funeral home licensee / representative acquiring oral permission

WRITTEN AUTHORIZATION:

Name of person with right to control disposition: _____

Relationship to the decedent: _____

The undersigned warrants and represents to the funeral home that the relationship to the decedent listed above is true and correct. The undersigned authorizes and directs the funeral home, its employees, independent contractors, and agents (including apprentices and/or mortuary science students under the direct supervision of a licensed embalmer), to care for, embalm, perform restorative measures, and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral home or at another facility equipped for embalming. Further, the undersigned acknowledges that embalming results may be adversely affected by a number of factors, including, but not limited to the conditions 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, storage procedures of the releasing institution, natural elements, tissue/organ donation, and post-mortem examinations (autopsy). The undersigned agrees to indemnify and hold the funeral home harmless from any claims or causes of action arising or related in any respect to this embalming authorization or the funeral home's reliance thereon.

Signature of the person with the right to control disposition

Date signed

Signature of funeral home licensee / representative acquiring **written** authorization

Printed name of funeral home licensee / representative acquiring written authorization