



EMBALMING AUTHORIZATION

I / We hereby designate Walker Funeral Home to take charge of the funeral arrangements for: _____, and I / We authorize the release and removal of the remains to said funeral establishments for the purpose of embalming.

I / We represent that I am / We are the next of kin, or are acting as an authorized agent/s for the next of kin, or as the legal representative of such person, and as such, have the paramount right to direct the disposition of the body of the decedent.

The undersigned authorizes and directs the above-named funeral homes, it's employees, independent contractors, and agents (including apprentices under the direct supervision of a licensed embalmer), to care for, embalm, perform surgical procedures as deemed necessary by the embalmer and prepare the body of the decedent. The undersigned acknowledges that the authorization encompasses permission to embalm at the funeral home facility or at another facility equipped for embalming.

SIGNATURES:

RELATIONSHIP TO DECEDENT:

WITNESS:

DATE:

FOR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from: _____

Relationship: _____

Date: _____ Time: _____ Received by: _____