

ALL COUNTY CREMATION SERVICE

Colma, California 94402 FD1856

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

To: All County Cremation Service (Funeral Establishment Name)

Re: _____ (Decedent)

I, _____ [] DO [] DO NOT request embalming, which I understand is the addition to, or 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:

Cypress Lawn Memorial Park - 1370 El Camino Real, Colma CA 94014

(name and address of licensed 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 the 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 [] I DID [] I 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 _____, California.

Signature of Funeral Establishment Representative