

AUTHORIZATION TO EMBALM

A Better Place Funeral & Cremation Services

NAME OF DECEDENT: _____ The Representative warrants and represents to A Better Place Funeral & Cremation Services, LLC. that the relationship between the Representative and the Decedent is as follows (check appropriate box)

REPRESENTATIVE: _____
(Name of Person Representing the Deceased)

SPOUSE:

NEXT OF KIN (closest living relative):

PERSONAL REPRESENTATIVE of next of kin with written authorization of Next of Kin to act on his/her behalf. **OTHER** _____

3. Authority of Representative:

The Representative warrants and represents to A Better Place Funeral & Cremation Services. that the Representative is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the Decedent and that no other person(s) has a superior right over the right of the Representative

4. Embalming Authorizations:

The Representative authorizes and directs the A Better Place Funeral & Cremation Services, 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 Decedent The Representative acknowledges that this authorization encompasses permission to embalm at the A Better Funeral & Cremation Services. facility or at another facility equipped for embalming, In providing this authorization, Representative acknowledges that embalming is not an exact science and that results may be adversely impacted 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 conditions at the time of death; medications, especially analgesics administered prior to death; life-saving procedures; cause of death; storage procedures of the releasing institution; natural elements; tissue I organ donations; and post-mortem (autopsy) examinations.

5. Indemnification:

The Representative agrees to indemnify and hold harmless the A Better Place Funeral & Cremation Services, from any claims or causes of action arising or related in any respect to this embalming authorization or the A Better Place Funeral & Cremation Services, reliance thereon,

Signature of Representative: _____

Date Signed: _____

Printed Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip** _____

Phone _____