## **AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: AMERICA'S CREMATION (Funeral Establishment Name)	
(Funeral Establishment Name)	
RE: (Decedent)	
(Decedent)	
Embalming 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. do	do not (check one) request embalming.
I understand that for storage or embalming	purposes the decedent may be transported
to the following location: (check one)	The Cardena Cremetany
Sunnyside Mortuary 7651 Commonwealth Ave. Buena Park	The Gardens Crematory 1835 S Lewis St., Anaheim
(Location Name and Address)	
(200alion Hair	is una risalisas,
The undersigned bereby represents that he	/she has the logal right to control disposition
The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.	
Signed:	, Relationship to Decedent:
Signed: day of _(Month)	(City and State)
This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.	
The above statement regarding embalming and storage was read and/or provided to	
who did did not (check one) authorize embalming at the above named funeral	
establishment. Telephone Number:	
Date and time authorization granted:	
This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.	
I declare under penalty of perjury that the foregoing is true and correct.	
Executed this day of	at
Executed this day of	(Year) (City and State)
Funeral Establishment Penropertative (Print Name)	Funeral Fatablishment Danses and the (Classet Co.)
Funeral Establishment Representative (Print Name)	Funeral Establishment Representative (Signature)

12-AUTH (rev. 11/14)