



701 East Bastanchury Road  
Fullerton, CA 92835-2770

## AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: \_\_\_\_\_  
(Funeral Establishment Name)

RE: \_\_\_\_\_  
(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:

\_\_\_\_\_  
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: \_\_\_\_\_, Relationship to Decedent: \_\_\_\_\_

Executed this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(Day) (Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained verbally:

The above statement regarding embalming and storage was read and/or provided to \_\_\_\_\_, Relationship to Decedent: \_\_\_\_\_, who did \_\_\_ did not \_\_\_ (check one) authorize embalming at the above named funeral establishment.

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date and time authorization granted: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ AM / PM

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 \_\_\_\_\_.  
(Day) (Month) (Year) (City and State)

\_\_\_\_\_  
Funeral Establishment Representative (Print Name)

\_\_\_\_\_  
Funeral Establishment Representative (Signature)