

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: _____

RE: _____ (Decedent)

I, _____ Do ____ Do Not ____ (Check one) request embalming, which I understand 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 understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

West Coast Cremation and Burial Service 26245 Palomar Rd Romoland CA 92585

(name and address of 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 disposition of the remains of the decedent.

Signed: _____, Relationship _____

Executed this _____ day of _____ at City _____ and 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 did ____ did not ____ (check one) authorize embalming at the above named funeral establishment.

City _____, State _____, Phone (____) ____ - _____

Date and time authorization granted: ____/____/____ at ____ ____

I declare under penalty of perjury that the foregoing is true and correct. Executed this ____ day of _____, _____, at City _____, State _____.

(s) _____

NOTE: Authority cited: Section 7606 and 7616 Business and Professions Code. Reference: Section 7606, Business and Professions Code.