

The following form shall be used to secure the consent necessary under Health & Safety Code Section 7304.

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

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

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:

\_\_\_\_\_ (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 \_\_\_\_\_, State \_\_\_\_.

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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: \_\_\_\_\_

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 City \_\_\_\_\_, State \_\_\_\_.

\_\_\_\_\_  
(signature of funeral establishment representative accepting authorization)

Authority: Section 7606 of the Business & Professional Code.  
Reference: Section 7606 of the Business & Professional Code.