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Reliable Cremations

California Funeral Establishment FD

1941 Jackson Street, Suite 6, Oakland, CA 94612

Main Office: 510-482-7565 General Manager: 510-990-2282

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 and 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 _____.
Month Year 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 _____, Relationship to Decedent: _____

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 _____.

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)