

AUTHORIZATION TO EMBALM

I/We, the undersigned, hereby authorize the Embalmers at JOHNSON FUNERAL HOME to care for, embalm and perform any Reconstructive and Post Mortem Derma Surgery procedures and/or techniques they deem necessary, and otherwise prepare for burial, and/or other disposition, the body of:

\_\_\_\_\_  
Name of Deceased

I/We are all of the next of kin or represent the next of kin. I/We also agree to hold JOHNSON FUNERAL HOME, their employees, agents and owners harmless with respect to any and all claims of any nature whatsoever made by any person with respect to all damages of every kind.

This authorization is granted this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_ AM PM.

Received via: \_\_\_\_\_ in person \_\_\_\_\_ fax  
\_\_\_\_\_ telephone \_\_\_\_\_ Pre-need

Name/address of receiving Funeral Home if other than above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNED BY

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNED BY

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
JOHNSON FUNERAL HOME REPRESENTATIVE