

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

To: ETERNITY CREMATION AND BURIAL SERVICE (Funeral Establishment)

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:

GARDENSIDE FUNERAL SERVICES 13450 PARAMOUNT BLVD.
SOUTHGATE CA
(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 the disposition of the remains of the decedent.

Signed _____ Relationship _____

Executed this _____ day of _____, _____, at City, _____ State **CA**

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 of 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 **CA**

Signature _____