

# Authorization To Accept or Decline Embalming

TO: Duggan's Serra Mortuary  
(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 or 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) (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 \_\_\_\_\_ authorize embalming at the above named funeral establishment.

Telephone Number: \_\_\_\_\_

Date and time of 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 forgoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at Daly City, CA.  
(Month) (Year) (City and State)

\_\_\_\_\_  
Funeral Establishment Representative (Print Name)

\_\_\_\_\_  
Funeral Establishment Representative (Signature)