

# LEGACY

FUNERAL HOMES & CREMATION SERVICES

## AUTHORIZATION TO EMBALM & PREPARE

Permission to Embalm: Yes \_\_\_\_\_ No \_\_\_\_\_

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

I/We hereby authorize Legacy Funeral Homes, or any of its affiliates to include its agents and employees, to embalm, care for, and prepare for disposition the above named deceased, in accordance with its customary practices. In providing this authorization, I/we acknowledge that embalming is not an exact science and that results are dependent upon a number of factors, including, but not limited to the conditions under which the death occurred, time interval between death and the onset of the embalming procedure, physical condition at the time of death, medications, life-saving procedures, manner in which the death occurred, the cause of death, storage procedures of the releasing institution, natural elements of the environment present at time of death, tissue/organ donations, and post-mortem examinations (autopsies). I/We acknowledge and agree that this authorization permits the funeral home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care for, and preparation of disposition provided that any person rendering such services is allowed to perform said work under applicable law. I/We further acknowledge and agree that the embalming, care for, and preparation of the decedent, authorized herein, may be performed at the funeral home's facility or at another facility equipped to provide such services as licensed by law. I/We represent that I/we have the legal authority to give this authorization. I/We agree to indemnify and hold harmless the funeral, its affiliates and their agents and employees from any and all liability or claims which may arise as a result of this affidavit, or any action taken in accordance herewith.

\_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Relationship to Deceased)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Relationship to Deceased)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

### SPECIAL EMBALMING INSTRUCTIONS

*Beard:* Shaven Clean \_\_\_\_\_ Left As-Is \_\_\_\_\_ Other \_\_\_\_\_

*Moustache:* Shaven Clean \_\_\_\_\_ Left As-Is \_\_\_\_\_ Other \_\_\_\_\_

*Head Hair:* \_\_\_\_\_ *Need Hairdresser:* \_\_\_\_\_

*Hand Positioning:* \_\_\_\_\_ *Jewelry:* \_\_\_\_\_

*Cosmetics:* \_\_\_\_\_

*Other:* \_\_\_\_\_