

A Community Funeral Home & Sunset Cremations

910 W. Michigan Street Orlando, Florida 32805

Telephone (407) 841-4424 Fax (407) 841-4454

EMBALMING AUTHORIZATION

The undersigned represents to A Community Funeral Home & Sunset Cremations ("Funeral Home") that the undersigned is the surviving spouse or next of kin of _____ (the "Decedent"), or is the legal representative of such person, and, as such, has the paramount right to direct the disposition of the body of the Decedent.

The undersigned authorizes and directs the Funeral Home, its employees independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, and prepare the body of the decedent. The undersigned acknowledges that the authorization encompasses permission to embalm at the Funeral Home facility or at another facility equipped for embalming.

SIGNATURES:

RELATIONSHIP TO DECEASED

DATE: _____

FOR VERBAL (TELEPHONE) AUTHORIZATION:

AUTHORIZATION FROM: _____

RELATIONSHIP: _____

DATE: _____ TIME: _____ RECEIVED BY: _____