

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: Colma Cremation & Funeral Services (Funeral Establishment Name)

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: Colma Cremation & Funeral Services, 111 Industrial Way, Suite #5, Belmont, CA 94002
(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 disposition of the remains of the
decedent.

Signed: _____ Relationship _____

Executed this _____ day of _____, 20____, at City _____, State _____

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 authorization granted: _____.

“I declare under penalty of perjury that the foregoing is true and correct.” Executed this _____ day of _____,
20____, at City _____, State _____

(Signature of Funeral Establishment Representative)

(Print Name of Funeral Establishment Representative)