

Chapel of the Angels Mortuary

250 Race St., Grass Valley, CA 95945
Phone (530) 273-2446 Fax (530) 273-2674

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

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.

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250 Race Street, Grass Valley, California 95945
(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 _____, _____ 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: _____.

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 _____.

Signed: _____