

**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING**

**TO: Wiggins-Knipp Funeral Home**

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:

\_\_\_\_\_  
(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 \_\_\_\_\_.

(s) \_\_\_\_\_

**DISCLOSURE OF EMPLOYEES PERFORMING ANY AND OR ALL SERVICES**

The seller conforms to all known United States and California State laws, codes, rules, and regulations, regarding discrimination, hour and wage requirements, OSHA/CAL, OSHA, ADA Health and Safety and any other regulatory agency affecting death care service. The seller attempts to deal with subcontractors (i.e.; removals services, outside mortuaries when required, etc.) That also comply with all the above mentioned laws, codes, rules and regulations. The seller may use students or licensed apprentices in the operation of any of its functions. (i.e.; removals, embalming, direction of services, etc.)

NOTE: EMBALMING WILL BE DONE BY A LICENSED PRACTITIONER OR STUDENT OR APPRENTICE UNDER THE SUPERVISION OF A LICENSED PRACTITIONER

TO BE COMPLETED BY MORTUARY IF THE HUMAN REMAINS ARE BEING TAKEN TO ANY OTHER PREPERATION, HOLDING FACILITY, OR ANYWHERE OTHER THAN THE FUNERAL ESTABLISHMENT WHICH WAS CALLED TO HANDLE THE HUMAIN REMAINS. THE PERSON WHO HAS THE RIGHT TO CONTROL LEGAL DISPOSITION MUST BE NOTIFIED, CONSENT GIVEN, AND NOTATION MADE ON THIS FORM PRIOR TO TRANSPORT.

I, \_\_\_\_\_ do do not (check one) agree to the transporting of the decedent to \_\_\_\_\_ funeral establishment for the purpose of preparation or storage.

The above statement of authorization was read to \_\_\_\_\_ Relationship \_\_\_\_\_

Who did did not (check one) agree to the transporting of the decedent. City \_\_\_\_\_, State \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Date and time authorization granted: \_\_\_\_\_

I declare under penalty of perjury that the forgoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ CA

AFTER APPROVAL BY THE BOARD, DISCLOSURE OF MORE THAN ONE LOCATION SHALL BEE NOTED ON THIS FORM

NAME OF LOCATION

ADDRESS OF LOCATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_