

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: \_\_\_\_\_  
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:

Wheeler-Smith Mortuary 2890 S. Higuera, San Luis Obispo, CA  
Name and address of funeral establishment

then returned for funeral services. I understand I may be charged a fee for transport.

The undersigned hereby represents that he/she has the legal right to control disposition of the remains  
of the decedent.

\_\_\_\_\_, \_\_\_\_\_  
Signature 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 \_\_\_\_\_  
Name

\_\_\_\_\_ who did \_\_\_\_\_ did not \_\_\_\_\_ (check one) authorize embalming at the  
Relationship  
above named funeral, establishment.

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

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

**Signature of Funeral Establishment Representative accepting authorization.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_  
Date Time City State

\_\_\_\_\_  
Signature