



**SPICER-MULLIKIN FUNERAL HOMES, INC.
AUTHORIZATION FOR EMBALMING OR SANITARY CARE**

The undersigned represents to Spicer-Mullikin Funerals Homes, Inc. (“Funeral Home”) that the undersigned is the surviving spouse or the next of kin of _____ (“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 remove and care for the body of the Decedent, to **embalm or provide sanitary care for** the body, to perform any reconstructive post mortem derma surgery or techniques deemed necessary, and to take charge of funeral arrangements. The undersigned acknowledges that the authorization encompasses permission to care for the body of the Decedent, to embalm or provide sanitary care, and to perform any reconstructive post mortem derma surgery or techniques deemed necessary at any of the Funeral Home facilities or at another facility equipped for embalming or sanitary care.

Signature of Authorizer

Relationship

Witness

Date

For Verbal (Telephone) Authorization:

Authorization from: _____

Relationship: _____ Date: _____ Time: _____

Received by: _____

Please check one: Embalming Sanitary Care