

FAIRMOUNT

MORTUARY, CEMETERY & CREMATION SERVICES

430 S. Quebec Street Denver, CO 80247 303-399-0692

Authorization for Embalming

Decedent: _____

I, _____ 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 it is Fairmount Mortuary's policy that embalming is required for a public viewing/visitation to ensure the health and safety of the general public. I also understand that embalming is not required by law except in certain cases.

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

Signed: _____

Relationship: _____

Date: _____

To be completed by the funeral establishment if authorization to embalm is obtained verbally:

I have explained the above paragraph on embalming, Fairmount's policy and state law, before Verbal authorization was obtained. _____ (Funeral Directors Initials)

Verbal authorization was obtained from:

Name: _____ Relationship: _____

Date _____ Time _____

Who did authorize embalming at Fairmount Mortuary Denver, Colorado 303-399-0692.

Signature of funeral establishment representative accepting authorization:

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

Signature & Date