



11848 Dublin Blvd, Dublin, CA 94568 (925) 875-1343 Fd-1810

**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING**

TO: A Special Touch Funeral & Cremation Service

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 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 \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, CA

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 of 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 \_\_\_\_\_, 20\_\_\_\_, at City \_\_\_\_\_, CA

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