

## AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: Colma Cremation & Funeral Services (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: Colma Cremation & Funeral Services, 111 Industrial Way, Suite #5, Belmont, CA 94002  
(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 \_\_\_\_\_, 20\_\_\_\_, 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: \_\_\_\_\_.

“I declare under penalty of perjury that the foregoing is true and correct.” Executed this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, at City \_\_\_\_\_, State \_\_\_\_\_

\_\_\_\_\_  
(Signature of Funeral Establishment Representative)

\_\_\_\_\_  
(Print Name of Funeral Establishment Representative)