

## AUTHORIZATION TO EMBALM

Name of Deceased: \_\_\_\_\_

The undersigned, who represents hereby that he/she has the legal authority to do so, does hereby authorize and direct Benton County Funeral Home, its agents, employees, apprentices, conditional licensees, registered mortuary students or other authorized persons who may observe or assist in the embalming procedure under the direct supervision of a licensed embalmer, whether this occurs at this location or another location equipped for embalming, to (1) embalm the above-named deceased individual in accordance with customary funeral and embalming procedures and practices; and/or (2) remove the-following medical device (s)

\_\_\_\_\_ and to transmit such devices to Benton County Funeral Home, Rogers, Arkansas. Embalming provides for sanitation and disinfection purposes as well as temporary preservation and restoration. After final disposition, including interment, entombment or cremation, Benton County Funeral Home has no control over events or conditions that may occur and is hereby released from any liability resulting from such events or conditions as well as any liability for continued preservation. In the event the licensed professional (s) responsible for preparation of the deceased deem it necessary, photographs could be required for identification, documentation of important information or procedures necessary for the proper preparation of the deceased. With the understanding that the highest degree of confidentiality and respect for deceased will be maintained, Benton County Funeral Home will not be held liable for the taking of such photographs when necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relation to Deceased