



9200 I-10 Service Rd.
New Orleans, LA 70127
(504) 218-5554

AUTHORIZATION TO EMBALM

Name of Deceased _____ Date of Death _____

The Representative authorizes and directs New Orleans Funeral and Cremation Service, its employees, independent contractors and agents to care for, embalm, perform restorative measures and prepare the body of the Decedent.

The Representative acknowledges that this authorization encompasses permission to embalm at the New Orleans Funeral and Cremation Service facility or at another licensed facility equipped for embalming. In providing this authorization, Representative acknowledges that embalming is not an exact science and that results may be adversely impacted by a number of factors, including, but not limited to, the conditions under which the death occurred; time lapse between death and the onset of the embalming procedure; physical conditions at the time of death; medications, especially analgesics administered prior to death; life-saving procedures; cause of death; storage procedures of the releasing institution; natural elements; tissue / organ donations; and post-mortem (autopsy) examinations.

Date: _____

Signature of next-of-kin or Person Responsible for making arrangements for final disposition

If no authorization can be obtained, complete the following:

I hereby acknowledge that _____ has made a reasonable effort over a period of at least _____ hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission.

Contact date and times attempted: _____

Signature of Embalmer

License # of Embalmer

If Authorization to Embalm is DECLINED:

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, declines authorization to embalm the above-named deceased individual. Furthermore, the undersigned understands that without embalming/preservation/disinfection of the deceased, New Orleans Funeral and Cremation Service cannot guarantee the possibility of viewing the deceased at a later time. The undersigned further states that they will hold harmless New Orleans Funeral and Cremation Service, its officers, agents, and employees from any claims of cause of action arising out of their decision not to embalm.

Signature of Next of Kin: _____ Date: _____