

MINIMUM CARE AUTHORIZATION WHEN EMBALMING IS DICLINED

Name of Deceased: _____ Date of death: _____

The undersigned represents and warrants to be the next of kin to the decedent or the person(s) with the legal right and authority by law to control the disposition of the above-named decedent.

The undersigned has declined embalming of the above-named decedent and authorizes the funeral home, or its designated agent, to providing shelter to the body and minimum care.

The undersigned understands minimum care may include, but not limited to, sheltering the body in a clean, private environment; positioning the body; removing exterior tubing; catheters, or medical devices deemed necessary; closing of eyes and mouth by accepted mortuary practices; aspiration of excessive fluids and gases from body; inventory of personal effects from the body; use of surface disinfectants, or deodorants; wrapping or covering the body in suitable materials. Minimum care does not include chemically treating the body with atrial injection of chemicals and does not retard organic decomposition. Minimum care will not ensure any time for presentation of the body for viewing or preservation as a replacement for atrial embalming.

The undersigned have been provided with the opportunity to ask any questions pertaining to minimum care.

The undersigned releases and discharges the funeral home, its directors, employees and agents from any and all liabilities claim, losses, damages, costs, or causes of action arising from the decision to not embalm the body, or arising out of any other distress or anguish or harm or financial loss to the undersigned or others.

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Representative of the Funeral Home: _____