

Edward A. Cooper Cremation Society, Inc.
1319 Mariposa Street, Suite 102
Fresno, CA 93706
TELEPHONE: (559) 268-4322
FD1971

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

To: Edward A. Cooper Cremation Society, Inc. (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:

(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 _____ At Fresno, California _____

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 Fresno, State California, Phone ((559) 268-4322) 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 _____ at Fresno, California

Signed (Funeral Home Representative): _____