

TRUCKEE MEADOWS CREMATION & BURIAL

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EMBALMING AUTHORIZATION

1. Parties and Definitions

"Funeral Home": _____ Truckee Meadows Cremation and Burial _____

"Representative": _____
(Name of Representative)

"Decedent": _____
(Name of Decedent)

2. Relationship of Representative: The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box)

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.
- Other: _____

3. Authority Of Representative: The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. Embalming Authorization: The REPRESENTATIVE authorizes and directs the FUNERAL HOME, its employees, independent contractors, and agents (including apprentices and/or mortuary students under direct supervision of a licensed embalmer), to care for, embalm and prepare the body of the DECEDENT. The representative acknowledges that this authorization encompasses permission to embalm at the FUNERAL HOME facility or at another facility equipped for embalming.

5. Indemnification: The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this authorization for embalming or the FUNERAL HOME'S reliance thereon.

Signature of Representative: _____ **Date:** _____

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6. Refuse Embalming: The REPRESENTATIVE refuses and directs the FUNERAL HOME, its employees, independent contractors, and agents (including apprentices and/or mortuary students under direct supervision of a licensed embalmer), to not care for, not embalm and not prepare the body of the DECEDENT.

Signature of Representative: _____ **Date:** _____