



933 GIST AVENUE • LOWER LEVEL • SILVER SPRING, MD 20910

### Embalming Authorization

**1. Parties:**

“FUNERAL HOME”: Thibadeau Mortuary Service, P.A.

“REPRESENTATIVE”: \_\_\_\_\_  
(Use Reverse Side (Name of Representative)  
for Additional Names)

“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 the 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. In providing this authorization, REPRESENTATIVE acknowledges that embalming is not an exact science and that results are dependent upon 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 condition at the time of death, medications, life-saving procedures, cause of death, storage process of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

**5. Photographs:** Unless the box at the end of this paragraph is checked by the REPRESENTATIVE, the FUNERAL HOME has authorization to take photographs of the remains to document the condition of the remains prior to or during embalming. These photographs will be maintained in the internal records of the FUNERAL HOME.

Permission is denied.

**6. 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 removal or the FUNERAL HOME's reliance thereon.

**DATE:**

**SIGNATURE OF REPRESENTATIVE:**

\_\_\_\_\_

\_\_\_\_\_

**Name**

**ADDITIONAL REPRESENTATIVES**

**Relationship to Decedent**

**Signature**

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