



M u z y k a & S o n

F U N E R A L H O M E

AUTHORIZATION FOR REMOVAL AND EMBALMING

I/We hereby authorize **MUZYKA & SON FUNERAL HOME** and its qualified representatives to remove the remains of _____ to their Funeral establishment, for the purpose of embalming. I/We also give permission for the qualified representatives of **MUZYKA & SON FUNERAL HOME** to use any techniques or procedure he or she may deem necessary to achieve disinfection, preservation, and also attempt to restore a natural appearance to the above named remains. I/WE further agree to indemnify and hold harmless **MUZYKA & SON FUNERAL HOME** and its representatives from any liability or claims, resulting from the use of such techniques and procedures.

Signed: _____

Relationship: _____

Co-signed: _____

Relationship: _____

Witness: _____

Date: _____

FOR FAX OR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from _____

Relationship: _____

Date: _____ Time: _____ Received by: _____