Cremation Society of Los Angeles FD1694

6427 S. Eastern Avenue

Bell Gardens, California 90201

323-773-1234

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: __Cremation Society of Los Angeles_____
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming 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, _____, do___do not____ (Check one) request embalming.

I understand that for storage or embalming purposes the decedent may be transported to the following location:

_Allen-English & Estrada Funeral Service, 6435 S. Eastern Avenue, Bell Gardens, CA 90201____
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: _____, Relationship to Decedent: _____

Executed this ____ day of _____, _____, at _____
(Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____,

who did ____ did not ____ (check one) authorize embalming at the above named funeral establishment. Telephone Number: _____

Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this ____ day of _____, _____, at _____
(Month) (Year) (City and State)

_____ _____
Funeral Establishment representative (print name) Funeral Establishment representative (signature)