

So. California Funeral Directors Inc.  
2219 E. Thousand Oaks Blvd. Suite 208  
Thousand Oaks Ca. 91362  
Phone 805-262-2968  
Fax 818-647-0301  
**FD 2094**

**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: **So. California Funeral Directors Inc.**

RE: \_\_\_\_\_

I, \_\_\_\_\_ do \_\_\_ do not \_\_\_ (check one) request embalming.

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

**Mountain View Mortuary, 2400 N. Fair Oaks Ave., Altadena, Ca. 91001 FD# 1020**

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

Signed: \_\_\_\_\_, Relationship \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2016 at City \_\_\_\_\_, State \_\_\_\_\_

To Be Completed by 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 \_\_\_\_\_, who did \_\_\_ did not \_\_\_ (check one) authorize embalming at the above named funeral establishment.

Date and time authorization granted: \_\_\_\_\_

Signature of 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 \_\_\_\_\_ 2016.

(s) \_\_\_\_\_  
Funeral Establishment Representative (Print Name)

\_\_\_\_\_  
Funeral Establishment Representative Signature