

## AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: Forest Lawn Memorial Parks & Mortuaries  
(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:

Forest Lawn Memorial-Parks & Mortuaries - 1712 S. Glendale Ave., Glendale, CA,  
Forest Lawn Memorial-Parks & Mortuaries - 6300 Forest Lawn Dr., Los Angeles, CA,  
Forest Lawn Memorial-Parks & Mortuaries - 4471 Lincoln Ave., Cypress, CA,  
Forest Lawn Memorial-Parks & Mortuaries - 21300 Via Verde, Covina, CA,  
Forest Lawn Memorial-Parks & Mortuaries - 1500 E. San Antonio Dr., Long Beach, CA,  
Forest Lawn Memorial-Parks & Mortuaries - 69855 Ramon Rd., Cathedral City, CA  
Forest Lawn Memorial-Parks & Mortuaries - 82975 Requa Ave., Indio, CA  
Forest Lawn Memorial-Parks & Mortuaries - 51990 Jackson St. Coachella, CA

(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 \_\_\_\_\_ CA.  
(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)