

# EMBALMING AUTHORIZATION FORM

Owens-Ramey Funeral Services  
P.O. Box 417 Wiggins, MS 39577  
(601) 928-2199 (601) 928-5824 Fax  
FE - 454 FD - 1804



\_\_\_\_\_  
Name of Decedent

## ORAL PERMISSION:

Name of person with right to control disposition \_\_\_\_\_  
Relationship to the decedent \_\_\_\_\_  
Date contacted \_\_\_\_\_ Time contacted \_\_\_\_\_  
Phone number of authorizing individual \_\_\_\_\_

\_\_\_\_\_  
Signature of funeral home licensee / representative acquiring the **oral** permission

\_\_\_\_\_  
Printed name of funeral home licensee / representative acquiring the oral permission

## WRITTEN AUTHORIZATION -- CONFIRMATION OF ORAL PERMISSION

I, \_\_\_\_\_, being the decedent's \_\_\_\_\_,  
(printed name of person with right to control disposition) (relationship to deceased)

have requested **Owens-Ramey Funeral Services** to embalm the body of  
(funeral establishment)

\_\_\_\_\_  
(name of decedent)

Time contacted \_\_\_\_\_ Phone number of authorizing individual \_\_\_\_\_

\_\_\_\_\_  
Signature of the person with the right to control disposition

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of funeral home licensee / representative acquiring **written** authorization

\_\_\_\_\_  
Printed name of funeral home licensee / representative acquiring written authorization