

Burr Funeral Home Embalming Authorization

1. **PARTIES:**

"FUNERAL HOME": Burr Funeral Home, Inc.

"REPRESENTATIVE": _____
(Name of Representative)

"DECEDENT": _____
(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants & represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE & the DECEDENT is as follows:

- Spouse
- Next-of-Kin (NOK) (Closest Living Relative)
- Personal Representative of the NOK with written authorization of NOK to act on their behalf.
- Other: _____

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **DEFINITION OF EMBALMING:** The preservation and disinfection, or attempted preservation and disinfection, of the dead human body by application of chemicals externally, internally, or both (ORC 4717.01A). Embalming is done for safety and sanitary purposes and to assist in restoring natural form and color.

5. **AUTHORIZATION OF EMBALMING:** The REPRESENTATIVE authorizes and directs the FUNERAL HOME, its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, perform normal restorative measures, and prepare the body of the DECEDENT. The REPRESENTATIVE acknowledges that this authorization encompasses permission to embalm at the FUNERAL HOME facility or at another facility equipped for embalming. In providing this authorization, REPRESENTATIVE acknowledges that embalming is not an exact science and that results may be adversely impacted by a number of factors, including, but not limited to the conditions under which the death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, especially analgesics administered prior to death, life-saving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

_____ The REPRESENTATIVE understands and **authorizes embalming**
(Initials)

6. **AUTHORIZATION TO WITNESS THE EMBALMING:** The REPRESENTATIVE authorizes and directs the FUNERAL HOME to permit the REPRESENTATIVE and all individuals who are listed below and who have agreed to release the FUNERAL HOME from any liability to be present during the embalming of the DECEDENT's remains. REPRESENTATIVE agrees that all persons viewing the embalming must strictly comply with all instructions of FUNERAL HOME personnel including, but not limited to, wearing any protective clothing and equipment.

_____ The REPRESENTATIVE understands and **authorizes viewing of the embalming process**
(Initials)

List of individuals: _____

7. **AUTHORIZATION TO PERFORM RESTORATIVE SERVICES:** The FUNERAL HOME has explained to the REPRESENTATIVE that special reconstruction and/or restorative services are required in order to prepare the DECEDENT's remains for viewing. The techniques used may include but are not limited to surgical incisions, excising of tissue and repair of sub cutaneous structures. The REPRESENTATIVE instructs the FUNERAL HOME to undertake such restoration and restorative services in order to prepare the remains of the DECEDENT for viewing. The REPRESENTATIVE understands and acknowledges that the appearance of the DECEDENT and the benefits of the embalming and restorative services provided by the FUNERAL HOME are not an exact science and that the results obtained by those services are dependent upon a number of other factors outside of the control of the FUNERAL HOME. The REPRESENTATIVE hereby releases and agrees to hold FUNERAL HOME, its owners, employees and agents harmless from any claims or causes of action arising or relating to the restoration of DECEDENT's remains or the viewing thereof.

8. **RESTORATION COSTS:** The REPRESENTATIVE acknowledges and agrees that additional cost for restoration services will be incurred at a rate of \$100 per hour and have been authorized by the REPRESENTATIVE.

_____ The REPRESENTATIVE understands and **authorizes restorative services**
(Initials)

9. **AUTHORIZATION TO PREPARE A DONATION CASE FOR VIEWING:** The DECEDENT and/or the REPRESENTATIVE has authorized the PROCUREMENT ORGANIZATION to carry out the donation specified below:

- Organs
- Organs and Tissues
- Organs, Tissues and Bone
- All Body Parts

9.a **VIEWING**: The REPRESENTATIVE instructs the FUNERAL HOME to prepare the remains of the DECEDENT for viewing. The REPRESENTATIVE understands and acknowledges that the appearance of the DECEDENT and the benefits of the embalming and restorative services provided by the FUNERAL HOME can be adversely impacted by donation procedures and resulting delays. The REPRESENTATIVE hereby releases and agrees to hold FUNERAL HOME, its owners, employees and agents harmless from any claims or causes of action arising or relating to the embalming and restoration of DECEDENT's remains or the viewing thereof.

9.b **PREPARATION COSTS**: The REPRESENTATIVE acknowledges and agrees that additional cost for restoration may be incurred due to the donation and that such costs will be:

Paid solely by the PROCUREMENT ORGANIZATION.

Paid by those responsible for the funeral bill.

9.c **RELEASE**: The REPRESENTATIVE acknowledges and agrees that FUNERAL HOME, its owners, employees and agents have no legal relationship with the PROCUREMENT ORGANIZATION and are under no obligation or responsibility to insure that the PROCUREMENT ORGANIZATION has obtained informed consent to the donation, has conducted donation procedures in a lawful and ethical manner, and/or will use the donated body parts as required by law and the donation authorization.

_____ The REPRESENTATIVE understands and **authorizes the preparation of a donation case for viewing**
(Initials)

10. **INDEMNIFICATION**: The REPRESENTATIVE, as well as each individual listed in section 6 in this authorization, agree to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action, including, but not limited to, claims for emotional distress, arising or related in any respect to the embalming, restoration services or the presence of an authorized individual during the embalming of the DECEDENT's remains.

_____ The REPRESENTATIVE understands and **agrees to indemnify the FUNERAL HOME**
(Initials)

_____ Signature of Representative	_____ Date
_____ Signature of Representative	_____ Date
_____ Signature of Representative	_____ Date
_____ Signature of Representative	_____ Date
_____ Signature of Representative	_____ Date