

Jordan-Fernald Funeral Homes
Authorization for Services and Fingerprints

I/We, the undersigned, hereby authorize and request the above named funeral home to care for the Decedent and to make the funeral arrangements for: _____

Name of Decedent

The undersigned hereby acknowledges and agrees that the foregoing Authorization permits the above-mentioned funeral home to embalm or not to embalm .

When embalming is authorized it includes the performance of any post mortem reconstructive surgery procedures and/or techniques deemed necessary by the above- mentioned funeral home. The undersigned further permits the Funeral Home to use the services of independent embalmers, apprentices or student interns in connection with embalming, care and preparation for disposition of the Decedent, provided that any person rendering such services is allowed to perform such work under the applicable law The undersigned further acknowledges that the embalming, care and preparation for disposition of the Decedent may be performed at the Funeral Home's facility or at another facility equipped to provide such services. The undersigned hereby agrees to indemnify and hold harmless the Funeral Home, its affiliates and their agents and employees from any and all liability or claims which may arise as a result of any action taken in accordance with this Authorization.

The undersigned hereby acknowledges and agrees that the foregoing Authorization permits the above mentioned funeral home to take fingerprints of the decedent. *Initial* _____

I/We state that I/We are all of the next of kin and have the legal right to make this authorization.

(Signature) (Printed Name)

(Relationship to Decedent) (Date)

(Signature) (Printed Name)

(Relationship to Decedent) (Date)

Funeral Home Representative: _____

Received via: ___ In Person ___ Telephone ___ Pre-arrangement

Date: _____ Time Received: _____