

COOK FAMILY

FUNERAL HOME, CREMATION SERVICE, CEMETERY
FAMILY OWNED AND OPERATED

Embalming Authorization Form

Embalming Authorization:

The undersigned, hereby authorize(s): Cook Family Funeral Home and/or its agents permission to embalm, and or disinfect, and or preserve for burial and/or other disposition of the deceased body.

Name of Deceased: _____

Embalming is not required by law, except that embalming is required under certain conditions as determined by rule by the Washington State Board of Health.

I (We) the undersigned represent that I am (We are) of the same nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

In Person

By Telephone

By Email

Name of Person Authorizing Embalming: _____

Relationship: _____

Date of Consent: _____

Cook Family Representative: _____

Witness: _____

163 Wyatt Way NE Bainbridge Island, WA 98110
Mailing Address: PO Box 11109 Bainbridge Island, WA 98110
(206)842-2642 | (360)779-7872
"Service with a family touch"