



**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** \_\_\_\_\_ -