

## AUTHORIZATION FOR MINIMUM CARE SERVICES

1. **PARTIES:**

“FUNERAL HOME”:            
(Name of Funeral Home)

“REPRESENTATIVE”:            
(Name of Representative)

“DECEDENT”:            
(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box).

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin
- 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. **MINIMUM CARE SERVICES:** If the REPRESENTATIVE has directed that the remains of the DECEDENT are not to be embalmed or if a decision on embalming has not yet been made, there are services that the REPRESENTATIVE may wish to authorize so that the remains may be privately viewed, identified or reposed in a dignified and respectful manner. Below is a list of these Minimum Care Services. Please check the box next to these Minimum Care Services which you authorize the FUNERAL HOME to provide for the DECEDENT’s remains:

- Removal of exterior medical devices (hearing aids, dentures, IV tubing, etc.)
- Removal of internal medical devices (pacemaker, pumps, defibrillator, etc.)
- Shaving the face and/or trimming beard and moustache
- Manicuring fingernails
- Trimming the hair of the head
- Closing incisions by sutures
- Closing the mouth (may require sutures)
- Aspirating internal cavities and injecting preservative cavity fluids
- Application of cosmetics
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5. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to this decision to authorize the Minimum Care Services from the FUNERAL HOME.

**DATE:**

**SIGNATURE OF REPRESENTATIVE**

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