

**AUTHORIZATION TO PERFORM
RESTORATIVE 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 with written authorization of Next-of-Kin to act on his or her behalf
- Other:

3. **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 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.

4. **RESTORATION COSTS:** The REPRESENTATIVE acknowledges and agrees that additional cost for restoration services will be incurred and have been authorized by the REPRESENTATIVE.

DATE:

SIGNATURE OF REPRESENTATIVE

ADDITIONAL REPRESENTATIVES

Name

Relationship of Decedent

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____