## **Embalming Authorization**

1.	PARTIES:		
"EN	IBALMING CENTER":	GSI CO.,LTD. (Name of Embalming Center)	
(Us	PRESENTATIVE": e page 2 for additional name) CEDENT":	(Name of Representative)  (Name of Decedent)	
2.	REPRESENTATIVE and the I  □ Spouse □ Next of Kin(Closest Living	BALMING CENTER that the relationship between the DECENDENT is as follows: (Check the appropriate box)  Relative)  of the Next of Kin with written authorization of the Next of	
3.	appointed agent of the perso	CENTER that the REORESENTATIVE is the person or the in who by the law has the paramount right to arrange and emains of the DECEDENT and that no other person(s) has	
4.	directs the EMBALMING CENTER, its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer of the States or the certified embalmer of IFSA), to care for, embalment and prepare the body of the DECEDENT. The REPRESENTATIVE acknowledges that this authorization encompass permission to embalm at the EMBALMING CENTER facilities or at another facilities equipped for embalming that meet the North American Standard. In providing this authorization, REPRESENTATIVE acknowledges that embalming is not an exact science and that results are dependent upon a number of factors, including, but not limited to the conditions under which the death occurred, time lapse between death and onset of the embalming procedure, physical conditions at the time of natural elements, tissue/organ donations, and post-mortem(autopsy) examinations.		
5.	<b>INDEMNIFICATION:</b> The REPRESENTATIVE agrees to indemnify and hold harmles the EMBALMING CENTER from any claims or causes of action arising or related in an respects to this authorization for removal or the EMBALMING CENTER's reliance thereon.		
DATE:		SIGNATURE OF REPRESENTATIVE	
AD	DRESS OF REPRESENTATIV	/E PHONE NUMBER	

## **ADDITIONAL REPRESENTATIVES**

<u>Name</u>	Relationship to Decedent	<u>Signature</u>