

# Mohave Memorial

Funeral and Cremation Services  
4764 Stockton Hill Road, Kingman, AZ 86409  
[www.mohavememorial.com](http://www.mohavememorial.com) Phone 928-529-5058

The undersigned represents to Mohave Memorial, that the undersigned is the surviving spouse or next of kin of \_\_\_\_\_, the Decedent, or is the legal representative of such person.

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with a viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

**AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to MOHAVE MEMORIAL 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.

**EMBALMING AUTHORIZATION:** The REPRESENTATIVE authorizes and directs MOHAVE MEMORIAL, its employees, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, perform restorative measures, and prepare the body of the DECEDENT. In providing authorization, the REPRESENTATIVE acknowledges that embalming may be affected by a number of factors, including, but not limited to the condition under which the death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, analgesics administered prior to death, lifesaving procedures, cause of death, storage procedures of the releasing intuition, tissue and organ donations and autopsy examinations.

The REPRESENTATIVE agrees to indemnify and hold harmless MOHAVE MEMORIAL from any claims or causes of action arising or related in any respect to this embalming authorization.

Signature of REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_

Embalming is declined by the REPRESENTATIVE. Initials \_\_\_\_\_

**To be completed by Mohave Memorial Staff if Authorization is obtained verbally.**

Authorization to embalm given to \_\_\_\_\_

By \_\_\_\_\_ Relationship \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_