

# COOK FAMILY

FUNERAL HOME  
& CREMATION SERVICE

## 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:

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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) are the undersigned represent that I am (We are) of 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

Name of Person Giving Consent:

Relationship to the Deceased:

Date of Consent:

Cook Family Representative :

Other Witness :