Taylor Funeral and Cremation Service

21900 Euclid Ave Euclid, Ohio 44117 216-451-7590

Authorization for Removal of Decedent

The undersigned hereby authorize:

Taylor Funeral and Cremation Service

(Name of Mortuary or Funeral Home)

To Receive the Remains of _____

(Name of the Deceased)

PERMISSION FOR EMBALMING: Yes _____ No ____

If YES, I authorize the above named Funeral Home, or its agents to care for, embalm, and otherwise prepare said body for burial, cremation, or other disposition. If cremation was selected, by my signature below, I authorize the Funeral Director, or his agent, to make a surgical incision to remove any implanted pacemakers or other devices that may be prohibited by the crematorium.

Embalming in the above context to mean: The chemical sanitation procedure required to stabilize the chemical composition of the deceased human body and to inhibit the growth and spread of bacteria contained within. Embalming may be required by the State if the deceased is not to be buried or cremated within a specific period following the death.

If Embalming or Chemical Sanitation should not transpire, please indicate and check reason.

Reason: (Initial appropriate reason)

Immediate Burial, No Services Religious Belief Direct Cremation

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

 Name
 Relationship
 Telephone Number

If authorization is via telephone conversation, please have witness(es) sign the release and indicate date and time of conversation.

Witness	Witness	Date	Time
If further information	on or clarification is required	I, please contact:	

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