



Serenity Lindsay Funeral Homes & Crematorium
Berwick - Kentville - New Ross - Port Williams - Wolfville

EMBALMING AUTHORIZATION

I, _____ Relationship _____
(Next of kin / Legal Executor)

of, _____ in _____ Postal Code _____
(Full Postal Address) (City and Province)

Hereby grant permission to Serenity Funeral Home & Crematorium and H C Lindsay Funeral Home & Crematorium for the embalming of the remains of

The particulars relative to the above named deceased are:

Address of deceased _____

Date of birth _____ Place of birth _____

Date of death _____ Place of death _____

Arrangements under the care of _____ Funeral Home in _____

I, the undersigned, Next of Kin/Legal Executor/Representative (Representative), do declare that I am legally within my rights to authorize the embalming of the above named deceased (Decedent), and agree to hold Serenity Funeral Home & Crematorium and H C Lindsay Funeral Home & Crematorium, harmless for damages should any litigation arise because of the said authorization and subsequent embalming procedure.

The representative authorizes and directs the funeral home, its employees, independent contractors, 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.

The representative acknowledges that this authorization encompasses permission to embalm at the funeral home facility or at another facility equipped for embalming. 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 the onset of the embalming procedure, physical condition at the time of death, medications, especially analgesics administered prior to death, lifesaving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

Witness _____

Signed _____
(Next of Kin/ Legal Executor)

Record number _____

Date _____