

AUTHORIZATION FOR MINIMAL PREPARATION

Name of Decedent (the "Decedent") _____
LAST, First Middle

Date of Birth _____ Date of Death _____ Case ID# _____

Name/Loc. # of Funeral Home (the "Funeral Home") Hines Rinaldi Funeral Home #9738

I hereby authorize the Funeral Home, including its agents and associates, to prepare the Decedent's body prior to disposition. Such preparation includes washing the hair and body and setting the features (i.e. closing the eyes and mouth). If necessary, suturing, restoration and aspiration of the body (i.e. suctioning excess fluids and/or gases from the body) may be required. Preparation may also include alteration of clothing. **Preparation does not include embalming.** The undersigned acknowledges that the purpose of this preparation is to make the appearance of the Decedent more presentable for visual identification.

The undersigned further acknowledges that the Funeral Home recommends that this preparation be done but that it is not required by law or by Funeral Home policy and is completely optional. If the undersigned elects not to authorize such preparation, he/she may do so by signing in the "decline" area below.

The undersigned also acknowledges that he/she has been provided with an opportunity to ask any questions he/she may have concerning these preparations, to enable the undersigned to make an informed decision.

VERBAL Authorization:

Authorization received from:

Printed Name of Authorizing Person	Relationship to Decedent	Phone Number

Authorization received by:

Printed Name of Company Associate	Signature of Company Associate	Date and Time

WRITTEN Authorization and/or Confirmation of Verbal Authorization:

Printed Name of Authorizing Representative	Relationship to Decedent

Signature of Authorizing Representative	Date

Printed Name of Funeral Home Representative	Signature of Funeral Home Representative

I hereby **decline** to authorize any of the preparations described above and I understand that the visual identification or viewing of the Decedent without having at least minimal preparation services performed could be upsetting. I hereby agree to release and hold the Funeral Home and its associates harmless from any claims relating to or caused by my decision to visually identify or view the body of the Decedent in that condition.

Printed Name of Authorizing Representative	Relationship to Decedent

Signature of Authorizing Representative	Date

Printed Name of Funeral Home Representative	Signature of Funeral Home Representative