

Allen-English & Estrada Funeral Service  
6435 S. Eastern Ave.  
Bell Gardens, California 90201  
Phone number: 323-773-3547  
FAX : 323-773-3345

**AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING**

To: CREMATION SOCIETY OF LOS ANGELES License # FD 1694

RE: \_\_\_\_\_ (Decedent) I, \_\_\_\_\_  
Name of Deceased Your Name

Do  Do Not (check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservations or the application of chemical preservations for the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment: \_\_\_\_\_ then returned for funeral services.  
I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has legal right to control disposition of the remains of the decedent.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_ at \_\_\_\_\_, California  
Date Month Year Your Location

\_\_\_\_\_  
Signature Relationship to Deceased

**Below this line is to be completed by the funeral establishment if Authorization to Embalm and Notification to Transport is obtained orally (By Telephone)**

The above statement of authorization and notification was read to: \_\_\_\_\_

Relationship \_\_\_\_\_ who  Did  Did Not (check one) authorize embalming at the above funeral establishment.

Phone \_\_\_\_\_ Date and time authorization granted \_\_\_\_\_

**Signature of funeral establishment representative accepting authorization.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_ at \_\_\_\_\_, California

(s) \_\_\_\_\_