

*Davis Watkins Funeral Home Service
480 West James Lee O'Connell
Crestview, FL 32539
Office 850-683-9898 - Fax, 850-683-1632*

EMBALMING AUTHORIZATION

Name of Deceased

Date of Death

DECLINATION OF EMBALMING

I (we) hereby **DECLINE** of the embalming of the above named deceased. I (We) hereby represent that I am (we are) of the same and nearest degree of relationship to the above named deceased. I am (we are) legally authorized or charged with the responsibility for such proper burial and or other disposition of the remains of the above named deceased. The undersigned is aware and accepts the financial responsibility of refrigeration of the dead human remains, which is required, as set forth by the rules, regulations and laws of the state of Florida if embalming does not take place within twenty-four hours after death.

AUTHORIZATION OF EMBALMING

I (we) hereby **AUTHORIZE** the embalming of the above named deceased. I (We) hereby represent that I am (we are) of the same and nearest degree of relationship to the above named deceased. I am (we are) legally authorized or charged with the responsibility for such proper burial and or other disposition of the remains of the above named deceased. The undersigned agrees individually and jointly and severally authorized Davis Watkins Funeral Home and/or any of its agents or affiliates to embalm, care for and prepare for final disposition the remains of the above named deceased in accordance with the customary practices and as provided by the rules, regulations and laws of the state of Florida. I also understand that embalming is not required by the state of Florida.

Signature

Relationship to Deceased

Date

Signature

Relationship to Deceased

Date
