

AUTHORIZATION FOR REFRIGERATION

The undersigned represents to *Allen-Summerhill Funeral Homes, Inc.* that the undersigned is the surviving spouse or the next of kin of _____ (The Decedent's Name) or is the legal representative of such person, and as such, has the paramount right to direct the disposition of the body of the decedent.

The undersigned authorizes and directs *Allen-Summerhill Funeral Homes, Inc.*, its employees, independent contractors and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for and prepare the body of the decedent for refrigeration. The undersigned acknowledges that the authorization encompasses permission to refrigerate at the Funeral Home facility or at another facility equipped for refrigeration.

Signatures	Relationship to Decedent	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION FOR MINIMAL PREPARATION OF REMAINS

The undersigned represents that he/she is the surviving spouse or next of kin of _____ (The Decedent's Name) and hereby authorizes *Allen-Summerhill Funeral Homes, Inc.* to prepare the deceased body for viewing prior to its burial or cremation. Such preparation includes washing the body and hair, setting of the features (i.e. closing the eyes and mouth), and if necessary, aspiration of the body (i.e. suctioning of excess fluids and/or gases from the body.) It does not include embalming. The undersigned acknowledges that the purpose of this preparation is to make the appearance of the deceased more presentable for viewing, and further acknowledges that the Funeral Home will not impose any charge for this service.

The undersigned also 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 the appropriate line below.

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

CHECK APPLICABLE LINE

I hereby consent to minimal preparation of the remains.

Signature: _____ Date: _____

I hereby decline to authorize the preparation described above. I acknowledge that, without such preparation, the appearance of the deceased could be upsetting. I/We hereby agree to release and hold the Funeral Home and its employees harmless from any claims relating to or caused by the body of the deceased.

Signature: _____ Date: _____