



187 Dorchester Street • Boston, MA 02127-2846  
Phone: 617-269-1930 • Toll-Free: 800-314-1890  
Fax: 617-337-3232 • Email: [info@CasperFuneralServices.com](mailto:info@CasperFuneralServices.com)  
[www.CasperFuneralServices.com](http://www.CasperFuneralServices.com)

**Managing Funeral Directors**  
David A. Casper  
Kenneth J. Casper

---

## Embalming Authorization Form

---

**Name of Representative:** \_\_\_\_\_

**Name of Deceased:** \_\_\_\_\_

The Representative warrants and represents to Casper Funeral Services that the relationship between the Representative and the Deceased is as follows (please check the appropriate box):

Spouse

Next-of-Kin (Closest Living Relative)

Personal Representative of Next-of-Kin (*with written authorization of Next-of-Kin to act on his or her behalf*)

Other (please describe): \_\_\_\_\_

**Authority of Representative:** The Representative warrants and represents to Casper Funeral Services that the Representative is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the Deceased and that no other person(s) has a superior right over the Representative.

**Embalming Authorization:** The Representative authorizes and directs Casper Funeral Services, its employees, independent contractors and agents to care for, embalm, perform restorative measures and prepare the body of the Deceased. The Representative acknowledges that this authorization encompasses permission to embalm at the Casper Funeral Services facility or at another facility equipped for embalming. In providing this authorization, Representative acknowledges that embalming is not an exact science and that results may be adversely impacted by a number of factors, including (but not limited to) the conditions under which the death occurred; time elapsed between death and the onset of the embalming procedure; physical condition at the time of death; medications (especially analgesics) administered prior to death; life-saving procedures; cause of death; storage procedures of the releasing institution; natural elements; tissue/organ donations; and post-mortem (autopsy) examinations.

**Indemnification:** The Representative agrees to indemnify and hold harmless Casper Funeral Services from any claims of causes of action arising or related in any respect to this embalming authorization or Casper Funeral Services' reliance thereon.

---

**Date**

---

**Signature of Representative**