



Authorization for Preparation and Care by Third-Party Professional

To: _____ Funeral Professional / Funeral Home

I, _____, the undersigned, being the legal next of kin or authorized representative of:

Name of Decedent: _____

Date of Birth: _____ Date of Death: _____

hereby authorize the funeral professional named above to allow **Final Touch Mortuary Services**, an independent preparation specialist, to provide care and services for my loved one.

Services Authorized

- Embalming
 - Minimal Preparation
 - Cosmetic and restorative procedures
 - Hairdressing / hairstyling services
 - Dressing and placement into casket
 - Other: _____
-

Photograph Reference _____ (Initials)

I agree to provide recent photographs of the decedent to assist **Final Touch Mortuary Services** in cosmetic and hairdressing services.

These photographs will be used only for preparation purposes and will not be retained beyond the process.

Clothing Instructions _____ (Initials)

- Clothing may be cut if necessary to assist with dressing.
- Clothing may **not** be cut; please contact me if difficulties arise

Shaving Permission (for male decedents) _____ (Initials)

- The decedent may be shaved for grooming and cosmetic purposes.
- Do **not** shave facial hair; preserve beard, mustache, or other facial hair as worn in life.

FTC Disclosure – Embalming _____ (Initials)

Except in certain special cases, embalming is **not required by law**.
Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with public viewing.
If you do not want embalming, you usually have the right to choose an arrangement, such as direct cremation or immediate burial, that does not require it.
If embalming is required due to specific circumstances (such as transportation or extended viewing), the funeral provider will explain why.

Acknowledgment and Release _____ (Initials)

I acknowledge that I have the legal right to authorize these services and direct the funeral home to permit **Final Touch Mortuary Services**, as a third-party professional, to perform them.
I release the funeral home and **Final Touch Mortuary Services** from liability, except in cases of negligence, arising from the services provided.

Signatures

Relationship to Decedent: _____

Name (Printed): _____

Signature: _____ **Date:** _____

Phone Number: _____

Funeral Professional Receiving Authorization: _____

Signature: _____ **Date:** _____