



Dressing & Presentation Authorization

Office use Only	
Today's Date:	_____
FD:	_____
Date Completed	_____
Invoice No:	_____

Decedent Name: _____ **Date of Service:** _____

NOK: _____ **Phone:** _____

Recent Photo Provided **Yes** **No**

Clothing Instructions: (list all clothing)

- If ceremonial burial clothing is to be provided, please include religion and/or ethnicity, and detailed instruction for placement.
- All special garments will require instructions, to include military.

Cosmetics Instructions:

- Natural _____
- Formal _____
- Match Photo _____

Lip Color: _____

Blush: _____

Decedents own cosmetics.

YES NO

Date: _____ **Relationship:** _____

Signature: _____

Please provide additional information on the back

Permission to Alter Clothing **Yes** **No**

*Alterations can include cutting the back of the garment, using other pieces of the garment to make sleeves, cover for modesty or due to medical issues. Include special notations if applicable.

*If you select "No" to alterations and I am unable to make a proper fit, you may be asked to bring alternate clothing.

Hair Care:

- Wash/dry/comb _____
- Wash & style _____
- Leave as is _____
- Trim Hair _____
 - ❖ the funeral professional is not a licensed barber/cosmologist but has been trained to cut hair for viewing aesthetics
- Hair Color
 - Box _____
 - Spray _____
 - Other _____

Facial Hair/Shaving Instructions:

- Clean Shave _____
- Leave as is _____
- Trim/Clean up _____
 - Beard _____
 - Goatee _____
 - Other _____

Notes: _____

Fingernails/Hand Care:

- Trim/clean _____
- No polish _____
- Polish _____
 - Color _____
- Press-On nail application _____ (family to provide)