

Encore Care Center  
2300 S. Kalamath Street  
Denver, Co 80223  
303-935-5989

## EMBALMING AUTHORIZATION FORM

The undersigned hereby authorizes Encore Care Center and/or its agents, to care for, embalm and otherwise prepare for burial and/or other disposition of the body of

\_\_\_\_\_.

The undersigned also hereby represents that he/she or they have the legal right to authorize the embalming of this body.

Name of Funeral Provider: \_\_\_\_\_

Name of Person Authorizing Embalming: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_