



Askew-Houser Funeral Homes, Inc.

300 North Julian Street
Ebensburg, PA 15931
(814) 472-7040

1310 Shoemaker Street
Nanty Glo, PA 15943
(814) 749-7400

Timothy P. Houser, Supervisor

Mark E. Letzo, Supervisor

Authorization for Embalming

The undersigned hereby warrants to be legally entitled to authorize the embalming of _____ (“decedent”) whose remains are presently located on the premises of Askew-Houser Funeral Home, Inc.

(“Funeral Home”)

The undersigned further confirms to have requested the Funeral Home to embalm the body of the decedent or have chosen a funeral service that would require embalming under state law and hereby confirms the following:

Has carefully reviewed the Authorization for Embalming Form; Has confirmed with any other person who has rights to authorize an embalming that there is no objection; Has legally authorized the Funeral Home to embalm the body of the decedent, and the Funeral Home can rely on the Embalming Authorization Form as Confirmation, Release and Indemnification in carrying out the expressed wishes of this authorization.

In consideration of the Funeral Home relying on this Authorization to Embalm the decedent’s remains, the undersigned releases and forever discharges Funeral Home, it’s employees, officer’s, director’s, shareholders, successors or assigns from all claims, demands and causes of action, including negligence, undersigned now has or which may subsequently accrue to the undersigned arising out of or connected with, directly, or indirectly, the embalming performed by Funeral Home on the bases of Funeral Home’s relying on the representations made by the undersigned herein and the Embalming Authorization Form.

The undersigned further agrees to hold Funeral Home, it’s employees, agents, and owners harmless and the indemnify them for any liability, costs, expenses or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including any other members of the family and relatives of the decedent, with respect to all damages of every kind, nature and description, alleged against them and arising out of any action or actions performed with respect to the authorization to embalm the remains of the decedent.

I hereby acknowledge that I have read this Authorization for Embalming and have executed this instrument voluntarily and with full knowledge of its significance.

Date _____

Signature _____

Name _____

Address _____

City _____

State _____ Zip _____

Funeral Director/Witness