Good Life Funeral Home & Cremation 8408 East Colonial Drive Orlando, FL 32817

EMBALMING AUTHORIZATION

The undersigned represents to Good Life Funeral Home & Cremation ("Funeral Home") that the undersigned is the surviving spouse or next of kin of ______(the "Decedent"), or is the legal representative of such person, and, as such, has the paramount right to direct the disposition of the body of the Decedent.

The undersigned authorizes and directs the Funeral Home, its employees independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, and prepare the body of the decedent. The undersigned acknowledges that the authorization encompasses permission to embalm at the Funeral Home facility or at another facility equipped for embalming.

SIGNATURES:	RELATIONSHIP TO DECEASED
DATE:	
FOR VERBAL (TELEPH	IONE) AUTHORIZATION:
AUTHORIZATION FROM:	
RELATIONSHIP:	
DATE: TIME:	RECEIVED BY: