

# AUTHORIZATION TO EMBALM

In accordance with Bylaw 3110 of the Funeral and Cremation Services Council of Saskatchewan,

I, \_\_\_\_\_, holding funeral director's license # \_\_\_\_\_ in the Province of  
*(Print full name using BLOCK letters)*

Saskatchewan of \_\_\_\_\_, in the city/town of \_\_\_\_\_  
*(Funeral Home)*

authorize Embalmer \_\_\_\_\_, to embalm the following deceased person  
*(Print name using BLOCK letters)*

whom I have authorization to have embalmed by Authorized Decision Maker \_\_\_\_\_:  
*(Print name using BLOCK letters)*

\_\_\_\_\_ of \_\_\_\_\_  
*(full given name of deceased)* *(City/town and Province)*

Sex:  Male  Female Date of Birth: \_\_\_\_\_ or Age: \_\_\_\_\_ Date of Death: \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Authorizing Funeral Director*

I, \_\_\_\_\_, holding license # \_\_\_\_\_ certify that I embalmed the above  
*(Print full name using BLOCK letters)*

named deceased person between the hours of \_\_\_\_\_ am  pm  AND \_\_\_\_\_ am  pm

for the funeral director whose name and signature appear above at the facilities of:

\_\_\_\_\_, in \_\_\_\_\_  
*(funeral home)* *(city/town)*

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

\_\_\_\_\_  
*Signature of Embalmer*

## FORM TO BE COMPLETED IN DUPLICATE:

- Top Copy to Authorizing Funeral Director who is required to fax a copy of this form to the Funeral and Cremation Services Council office at (306) 584-1576 within **24 hours** of the embalming.
- Bottom Copy to Embalmer
- both forms must be kept on file by both parties and be available for the council's inspection