



MCA FUNERAL HOME

License # FD2206

http://www.mcabayarea.org/funeral/

1755 Catherine Street, Santa Clara, CA 95050
Phone (408) 709-4586
Fax (408) 709 4052
funeral@mcabayarea.org

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

To: MCA Funeral Home
(Funeral Establishment Name)

RE: (decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

I, do not [X] (check one) request embalming.

I understand that for storage or embalming purposes the decedent may be transported to the following location:

MCA Funeral Home 1755 Catherine St., Santa Clara, CA 95050

(Location Name And Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: Relationship To Decedent:

Executed this \_\_\_ day of (Month) at Santa Clara (City And State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally. The above statement regarding embalming and storage was read and/or provided to:

Relationship to Decedent:

who did did not (check one) authorize embalming at the above named funeral establishment.

Telephone Number: Date and time authorization granted:

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming. I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_ day of (Month) at Santa Clara (City And State)

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)