

Wages and Sons Funeral Homes and Crematories, Inc.  
1031 Lawrenceville Hwy.  
Lawrenceville, GA 30046 770-277-4550

## EMERGENT SERVICES AUTHORIZATION FORM

The undersigned represents to Wages and Sons Funeral Homes, Inc. ("Wages") that the undersigned has the legal relationship to the deceased as their \_\_\_\_\_ and as such has the legal authority to give the permission required for Wages to provide services described below to:

\_\_\_\_\_ ("The Decedent"), and, as such, by their relationship, has the paramount right to direct the disposition of the body of the Decedent. After giving this authorization the undersigned shall hold Wages harmless from following their directions.

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes and directs Wages to transport, care for, embalm, prepare the body of the Decedent as directed, and obtain fingerprints for identification and other purposes ("Services"). Wages may use its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer) to provide these services at the Wages facility or at another facility equipped for providing these services.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness for Wages and Sons Funeral Homes, Inc.

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

### FOR VERBAL (TELEPHONE) AUTHORIZATION

Authorization From: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Caller ID if shown: \_\_\_\_\_

Received By Wages and Sons Funeral Homes, Inc. by: \_\_\_\_\_

The undersigned, who represents the deceased, hereby declares that having the legal authority to authorize embalming, gives Wages permission to perform all of the above Services except they withhold permission to embalm the above-named deceased individual. Wages cannot be held responsible for any limitations in funeral options caused by this withholding of embalming authorization.

Signature

Date