

RMT FUNERAL SERVICES L,C

4445 Crain Hwy
White Plains, MD 20695

EMBALMING AUTHORIZATION

(NAME OF DECEASED PERSON)

(DATE OF DEATH)

I (WE) HEREBY REPRESENT THAT I AM (WE ARE) OF THE SAME AND NEAREST DEGREE OF RELATIONSHIP TO THE ABOVE NAMED DECEASED PERSON. I AM (WE ARE) LEGALLY AUTHORIZED OR CHARGED WITH THE RESPONSIBILITY FOR SUCH PROPER BURIAL AND/OR OTHER DISPOSITION OF THE REMAINS OF THE ABOVE NAMED DECEASED PERSON. THE UNDERSIGNED INDIVIDUALLY AND JOINTLY AND SEVERALLY AUTHORIZED RMT FUNERAL SERVICES L,C AND/OR ITS AGENTS TO EMBALM, CARE FOR AND PREPARE FOR FINAL DISPOSITION THE REMAINS OF THE ABOVE NAMED DECEASED PERSON IN ACCORDANCE WITH CUSTOMARY PRACTICES AND AS PROVIDED BY THE RULES, REGULATIONS AND LAWS OF THE STATE OF MD.

(SIGNATURE)

RELATIONSHIP TO DECEASED;

(SIGNATURE)

RELATIONSHIP TO DECEASED;

(SIGNATURE)

RELATIONSHIP TO DECEASED;

WITNESS FOR RMT Funeral Services L,C

(SIGNATURE)

DATE

NOTARY PUBLIC SIGNATURE