

RMT FUNERAL HOME P.A.

18 Irongate Dr,
Waldorf, MD 20602

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 RELATIOSHIP TO THE ABOVE NAME 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 NAME DECEASED PERSON. THE UNDERSIGNED INDIVIDUALLY AND JOINTLY AND SEVERALLY AUTHORIZED RMT FUNERAL HOME P.A. AND/OR ITS AGENTS TO EMBALM, CARE FOR AND PREPARE FOR FINAL DISPOSTION 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 HOME P.A.

(SIGNATURE)

DATE

NOTARY PUBLIC SIGNATURE