Archway
Memorial Chapel

111 Taylor Road
Hazelwood, MO 63042
314.895.3900 Office
314.895.1133 Fax
www.archwaychapel.com

PLACE OF DEATH:

Barnes Hospital

LOCATION OF DECEDENT:

☐ City ☐ County
☐ Hospital ☐ Residence
☐ N.H-Care Facility
☐Hospice

Medical Examiner Release#:

Height 5'3"
Weight 175lbs

DATE OF DEATH:

TIME OF DEATH:

_____ AM / PM

PERSON CALLING:

PHONE:

TIME OF CALL _____ A/P .M

Certifier Information:

Phone:

Address:

CALL RECEIVED BY:
Sharon

AUTHORIZATION FOR REMOVAL and

EMBALMING x_____ or REFUSAL of Embalming x_____
Initial Initial

1. **PARTIES:**

"FUNERAL HOME": ARCHWAY MEMORIAL CHAPEL

"DECEDENT":_____
(Name of Decedent)

"REPRESENTATIVE":_____
(Printed Name of Representative)

2. **RELATIONSHIP OF REPRESENTATIVE**: The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (*Check the appropriate box*)

☐ **Spouse** Divorced

☐ **Next-of-Kin (Closest Living Relative)** **Relationship:** _____

☐ **Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his/her/their behalf.**

☐ **Other: (Granted Right of Sepulcher, etc.)**_____

3. **AUTHORITY OF REPRESENTATIVE**: The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and charged with the disposition of the DECEDENT and the financial responsibility unless or until other persons accepts and agrees in writing to accept such responsibility and do hereby attest that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **EMBALMING AUTHORIZATION:** The REPRESENTATIVE authorizes and directs the FUNERAL HOME, its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), remove from the place of death or facility, to care for, embalm, perform restorative measures, and prepare the body of the DECEDENT. The REPRESENTATIVE acknowledges that this authorization encompasses permission to remove and embalm at the FUNERAL HOME facility or at another facility equipped for embalming. In providing this authorization, REPRESENTATIVE acknowledges that embalming is not an exact science and that results may be adversely impacted by a number of factors, including, but not limited to the conditions under which the death occurred, time lapse between death and the onset of the embalming procedure, physical condition at the time of death, medications, especially analgesics administered prior to death, life-saving procedures, cause of death, storage procedures of the releasing institution, natural elements, tissue/organ donations, and post-mortem (autopsy) examinations.

5. **INDEMNIFICATION:** The REPRESENTATIVE acknowledges the FUNERAL HOME is relying on the accuracy and truthfulness of the representations made above and agrees to indemnify and hold harmless and defend the FUNERAL HOME or its agents, employees or contractors from any claims, liability, litigation or any causes of action arising or related in any respect to this removal, embalming or refusal of embalming authorization or the FUNERAL HOME's reliance thereon or the reliance upon representations also being made on the identification of the decedent body from any paperwork or verbal acknowledgment from any family member, authorities or their representatives as released to the funeral home from the custody of the place where the decedent was removed from including but not limited to residences, hospitals, institutions, care facilities, organ/tissue donation centers, medical examiners, coroner or ANY parties identified and releasing to the funeral home as the body of the decedent and hold harmless the funeral home, its employees, contractors or agents or the Funeral Homes reliance thereof.

SIGNATURE OF REPRESENTATIVE:

X_____ **Date :**_____ **Phone:** _____

Address: _____ **City:**_____**State:** MO **Zip:** _____

Removal Notes:

Yes ☐ No ☐ Personal Belongings (Jewelery, Etc.) Description:

Facial Hair: (Mustache / Beard / Goatee / Clean Shaved / Other:_____

Removal Team: _____ **Help - Yes ☐ No ☐** _____ **Anatomical Donation Yes ☐ No ☐**

Log in Recorded Time:_____**AM / PM Embalmer Notified Yes ☐ No ☐ Time**_____