

CASCADIA CREMATION & BURIAL SERVICES, INC.
6303 E. 18th Street, Ste A, Vancouver, WA 98661
Phone: 360-213-2060 Fax: 360-213-2062

EMBALMING/PREPARATION AUTHORIZATION

The undersigned hereby requests Cascadia Cremation & Burial Services, Inc. to:

_____ Embalm the remains of _____
for the purpose of sanitation, preservation and viewing at the funeral home, or in the case of interstate travel by common carrier as required by law. The undersigned also understands that there will be no viewing of the remains without embalming in order to protect the family and members of the public from pathogens, disease and the unnatural appearance of the deceased. By Washington State Law, the family is allowed to view the unembalmed remains for a period of not more than thirty minutes and within the first forty-eight hours after the death occurs. This unembalmed viewing is restricted to immediate family members ONLY. PLEASE NOTE: Any decedent who has been implanted with Brachytherapy radiation seeds or pellets within two years of the date of death CANNOT be embalmed and therefore will have no public viewing.

_____ No Embalming of the remains of _____
It is understood that without embalming there will be no viewing of the remains by any person and that said restriction is deemed necessary for the protection of the family members and public from pathogens, disease, and unnatural appearance.

The undersigned certifies that he or she has the legal right to make this authorization.

Signature of Authorizing Person

Relationship to Deceased

Printed Name of Authorizing Person

___ In Person ___ By Phone

Address of Person Giving Authorization

Signature of Funeral Director

Date/Time of Authorization