

# *Chadwick & McKinney Funeral Home Inc*

*30 East Athens Avenue*

*Ardmore, PA 19003*

*Phone: (610) 642-6303 • Fax: (610) 642-3773*

## **AUTHORIZATION TO EMBALM**

The undersigned hereby authorize Chadwick & McKinney Funeral Home Inc  
Name of Funeral Home

and/or its agents, to care for, embalm and otherwise prepare for burial

and/or other disposition of the body of \_\_\_\_\_  
Deceased

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

**X**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship