

**ROSS-BLUFORD FUNERAL SERVICE**  
**7527 Alexandria Ferry Road**  
**Clinton, MD. 20735**  
**Office (301)8680050      Fax (301)567-9403**

**AUTHORIZATION TO EMBALM**

The undersigned hereby authorize **Ross- Bluford Funeral Service** and/or its agents, to care for, embalm and otherwise prepare for burial and /or other disposition of the body of

\_\_\_\_\_  
(Decease Name)

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

Date: \_\_\_\_\_

\_\_\_\_\_ Verbal permission

Revised: 5/20/2020