

BAIRD FUNERAL HOME
2425 NE TWEET PLACE
BEND, OR 97703
T: 541.382.0903
F: 541.382.1516



FUNERAL HOMES

BAIRD MEMORIAL CHAPEL, INC
CENTRAL OREGON CREMATION CENTER
16468 FINLEY BUTTE RD. · P.O. BOX 1530
LA PINE, OR 97739
T: 541.536.5104 · F: 541.536.5441

EMBALMING AUTHORIZATION FORM

Name Of The Deceased

ORAL PERMISSION TO EMBALM

Name of the Individual Authorizing Embalming: _____

Relationship to the Deceased: _____

Date Contacted: _____ Time Contacted: _____

Phone Number of Individual Authorizing Embalming: _____

Name of Baird Funeral Home Representative Acquiring Authorization to Embalm:

**WRITTEN AUTHORIZATION AND/OR CONFIRMATION OF
ORAL PERMISSION RECEIVED TO EMBALM**

I, _____, being the _____
(Name Of The Authorizing Person) (Relationship)

of _____, have given my permission to Embalm the body
of the Deceased Person listed above Pursuant to the Oregon State Mortuary and Cemetery Board
and the Federal Trade Commissions Rules and Regulations.

Signed: _____ Date: _____
(Signature Of The Authorizing Person) (Printed Name of the Authorizing Person)

Time Signed: _____ Phone Number of Signer: _____

Baird Funeral Home Representative as Witness: _____
(Signature) (Printed Name)