



**MINIMAL PREPARATION AUTHORIZATION FOR IDENTIFICATION and HOLDING OF REMAINS**

The undersigned hereby authorizes and request Brown’s Memorial Funeral Home, 707 North MacArthur Blvd., Irving, TX 75061, (the “Funeral Home”) including its agents and employees to prepare the body of

\_\_\_\_\_ (the “Deceased”) for identification purposes or for the holding of remains past the initial forty-eight hours following death prior to his/her burial or cremation. I acknowledge and agree that this authorization permits the Brown’s Memorial Funeral Home to use the services of independent funeral directors, apprentices or student interns in connection with such care and preparation for the identification or delay of disposition. Such preparation may include washing the hair and body, closing the mouth (which may involve the use of sutures), closing the eyes, dusting or sprinkling of preservative and/or deodorant-type powders or the aspiration of the body (an invasive procedure performed to remove excess fluids and/or gases from the body). **It does not include embalming** or the introduction of chemicals into the body. The undersigned acknowledges that the purpose of this preparation is to make the appearance of the Deceased more presentable for identification and/or maintain sanitary and aromatic conditions for funeral home/cemetery/crematory staff(s) and facilities.

The undersigned acknowledges that the Funeral Home recommends that this preparation be done. If the undersigned elects not to authorize such preparation, he/she may do so by signing the appropriate place below.

The undersigned also acknowledges that he/she has been provided with the opportunity to ask any questions he/she may have concerning this procedure to enable the undersigned to make an informed decision.

I hereby **consent** to the preparation described above and I represent that I have the legal authority to give this authorization.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to Deceased)

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Funeral Home Representative)

\_\_\_\_\_  
(Date)

I hereby **decline** to authorize the preparation described above. I hereby agree to release and hold the Funeral Home and its employees harmless from any claims relating to or caused by viewing the body of the Deceased.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to Deceased)

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Funeral Home Representative)

\_\_\_\_\_  
(Date)