Brandywine Valley
FUNERAL CARE

AUTHORIZATION FORM

Date: _____

I. The undersigned hereby authorizes Brandywine Valley Funeral Care or its representatives to obtain custody of the remains of

_____.
(Name of deceased)

_____	_____	_____
Date	Name	Relationship

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II. The undersigned hereby authorizes Brandywine Valley Funeral Care or its representatives (please check one):

_____to embalm

_____NOT to embalm

the remains of _____.
(Name of deceased)

_____	_____	_____
Date	Name	Relationship