

MALINOW AND SILVERMAN MORTUARY
EXHIBIT I
AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: MALINOW AND SILVERMAN MORTUARY

RE: _____ (Decedent).

I, _____ do _____ do not _____ (check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the licensed funeral establishment indicated:

MALINOW AND SILVERMAN MORTUARY – 7366 OSAGE AVENUE, LOS ANGELES, CA 90045
then returned for funeral services. I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has the legal right to control the disposition of the remains of the Decedent.

Executed this _____ day of _____, 2012, at _____ (City),
State of California.

SIGNATURE

RELATIONSHIP TO DECEASED

**TO BE COMPLETED BY FUNERAL ESTABLISHMENT IF AUTHORIZATION TO EMBALM AND
NOTIFICATION TO TRANSPORT IS OBTAINED ORALLY BY TELEPHONE**

The above statement of authorization and notification was read to _____,

RELATIONSHIP TO DECEDENT _____, who did _____ did not _____ (check one),
authorize the embalming at the above-named funeral establishment, phone no. 1 (800) 710-7100.

Authorization was granted on the _____ day of _____, 2012, at the following time _____.

I declare under the penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 2012, at _____ (City),
State of California.

SIGNED BY: _____
FUNERAL HOME REPRESENTATIVE