

Exhibit 1
AUTHORIZATION FOR DISPOSITION
WITH OR WITHOUT EMBALMING



M i d g l e y
Gardenside Mortuary

Gentle Guidance Through The Storm
FD-1557

TO: _____ **Re:** _____

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 following licensed funeral establishment:

(Name and address of funeral establishment)

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 disposition of the remains of the decedent.

Signature: _____ **Relationship to deceased:** _____

Executed this _____ day of _____, 20____, at _____,
(City) (State).

TO BE COMPLETED BY FUNERAL ESTABLISHMENT IF AUTHORIZATION TO EMBALM IS, AND NOTIFICATION TO TRANSPORT IS, OBTAINED ORALLY (BY TELEPHONE).

The above statement of authorization and notification was read to:

_____ **Relationship to deceased:** _____

who did [] did not [] (check one) authorize embalming at the above named funeral establishment.

City _____ **State** _____ **Phone** _____

Date and time authorization was granted: _____, 20____, at _____ hrs.

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

Executed this _____ day of _____, 20____, at _____,
(City) (State).

Funeral Home Representative
(Name MUST be signed, NOT typed or printed)

Note: Authority cited: Section 7606 and 7616, Business and Professions Code. Reference: Section 7606, Business and Professions Code.