

RAPP FUNERAL AND CREMATION SERVICES

Stephen D. Lohrmann P.A.

933 Gist Avenue, Silver Spring, MD 20910

AUTHORIZATION REGARDING PREPARATION OF REMAINS

Name of Decedent: _____ Age: _____

Date of Death: _____ Time of Death: _____

I (we), the undersigned, certify that I (we) have the status initialed by the undersigned below regarding the aforementioned decedent (**initial one**):

_____ I/we are closest living next of kin to the aforementioned decedent, and I (we) are in complete charge of the remains of the aforementioned decedent and as such possess full legal authority to execute this Authorization.

_____ I/we have made a good-faith effort to obtain authorization for disposition of the aforementioned decedent from any and all known next-of-kin of the aforementioned decedent, and I (we) therefore accept responsibility for the disposition of the aforementioned decedent and as such possess full legal authority to execute this Authorization.

I (we), the undersigned, hereby authorize and request that Rapp Funeral and Cremation Services, Stephen D. Lohrmann P.A. ("Rapp"), or its assigns, prepare the body of the aforementioned deceased according to the choice or choices initialed by the undersigned below (**initial one or more**):

- _____ embalming, including restoration as needed,
- _____ bathing and disinfecting without embalming or restoration,
- _____ setting features for personal identification, without embalming, full bathing, or restoration
- _____ other: _____
- _____ removal and disposal of the following implants and/or medical devices: _____
- _____ recovery and return to the undersigned of the following items that are on or with the body:

- _____ none of the above

I/we, the undersigned, have been advised of the charges incurred as a result of the above instructions. I have also been advised of the likely results of the above instructions for the preservation and viewability of the remains. I/we, the undersigned, understand that Rapp and its affiliates do not guarantee any such results, which can be adversely affected by factors beyond Rapp's control (including prior procedures and delays). In the event that the undersigned ask to view the body of the aforementioned deceased, I/we understand that I/we may experience unpleasant sights or odors. I/we also understand that any items on or with the body of the aforementioned deceased will not be recovered unless specified above.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Rapp and its affiliates, officers, agents and employees from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation arising as a result of, based upon or connected with this authorization, including claims brought by any other person(s) claiming the right to control the disposition of the aforementioned decedent, or any other action performed by Rapp or its affiliates, officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Authorization, the undersigned warrant that all representations and statements contained on this form are true and correct.

Signed: _____ Date: _____

Name (print): _____ Relationship to decedent: _____

Address: _____ Phone: _____

Signed: _____ Date: _____

Name (print): _____ Relationship to decedent: _____

Address: _____ Phone: _____