

DIRECTION TO RECORD FUNERAL SERVICE

1. **PARTIES AND DEFINITIONS:**

“FUNERAL HOME”: _____
(Name of Funeral Home)

“REPRESENTATIVE”: _____
(Use Reverse Side (Name of Representative)
for Additional Names)

“DECEDENT”: _____
(Name of Decedent)

“FUNERAL SERVICE”: _____
(Describe the funeral services to be recorded)

2. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

3. **DIRECTION AND AUTHORIZATION TO RECORD FUNERAL SERVICES:** As indicated below by checking the appropriate box, the REPRESENTATIVE directs and authorizes the FUNERAL HOME to make the designated recording of the FUNERAL SERVICE for the DECEDENT and to provide to the REPRESENTATIVE with the recording of the FUNERAL SERVICE in the following format:

☐ Make an audio-visual recording and provide REPRESENTATIVE with DVD(s) (Specify the number of copies: ____).

☐ Make an audio recording and provide REPRESENTATIVE with CD(s) (Specify the number of copies: ____).

4. **RELEASE:** The REPRESENTATIVE acknowledges that the recording will be made by an employee of the FUNERAL HOME who is not a professional audio or visual recorder and is making the recording as an accommodation to the REPRESENTATIVE. The FUNERAL HOME is making no representation or warranty regarding the quality or condition of the recording and the REPRESENTATIVE releases the FUNERAL HOME from any claims related to the quality or conditions of the recording.

DATE:

SIGNATURE OF REPRESENTATIVE

ADDITIONAL REPRESENTATIVES

Name

Relationship to Decedent

Signature
