



WILLIAM BARRETT & SONS  
FUNERAL DIRECTORS EST 1897

# Mortuary Preparation Instruction Sheet

Name of Deceased: \_\_\_\_\_

Date of Viewing: \_\_\_\_\_ Date of Funeral: \_\_\_\_\_

Clothing:     To Be Supplied                       Supplied                      Return Bag Y/N  
                   As Dressed                               Shroud                       To Be Disposed

Shaving:     Clean Shaven                       Leave Beard                       Moustache/Goatee

Cosmetics:     Lipstick                               Nail Polish                       To Be Returned  
                   Foundation                               Other                               To Be Disposed  
                   Mascara                                       Remove Facial Hair

Hair:             Left to Right                               Blow Dried  
                   Right to Left                               Curled  
                   Back     Use Brill Cream/Gel  
                   Along Side Face                               Special (see Photo)

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pacemaker:  Yes  No    Defibrillator:  Yes  No    Chemotherapy:  Yes  No

## **EMBALMING AUTHORISATION**

I authorize William Barrett and Sons to undertake normal hygienic preparation, which includes embalming and understand that hygienic preparation will require the removal of any implants and/or radioactive injectable solutions.

**Authorization by** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_