Cemetery Reserve/Burial Form (ver. 03/01/2018) Decedent Reservation or Burial Carolyn Middle Jeun First Last Name Holt Maiden Name: Holt Nickname: Date of Birth: 2-6-1941 Date of Death: 3-30-2020 Date of Burial: 4/9/20 Time of Burial: 10.'00 am Time of Eulogy/Mass: REPRESENTATIVE / RESPONSIBLE PARTY FOR PAYMENT Name: Jensen's Mortuary Relation to Decedent: Funeral Home Address: 5515 S. thy 92 City Siera Vish State 12 ZIP 85650 Cell Phone: ______ Home Phone: 520-378-4895 Email address: JSVm @ care.net _ Plot Previously Reserved and Paid For \$000.00 Date Paid: Resident Non-Resident __ Full Size Plot Purchase \$500.00 \$600.00 Visa / Check / Cash Full Size Plot w/4 Cremains \$500.00 \$600.00 Full Size Plot – 8 Cremains \$500.00 \$600.00 ___ Cremains - Single plot \$250.00 \$250.00 If check -- Check # **SERVICES** Y Open & Close: Full Size (Machine) \$300.00 Open & Close: Full Size (Hand Dug) \$600.00 Open & Close: Cremains \$150.00 Open & Close: Baby Plot (Machine) \$150.00 Open & Close: Baby Plot (Hand Dug) \$300.00 Open Only: Full Size (Machine) \$150.00 Open Only: Cremains \$ 75.00

\$100.00

\$100.00

\$100.00

TOTAL: \$ 400 -

OTHER

___ Less than 2 days notice (\$100/day x ___ days) \$___

Maintenance Fee

Double Deep

Weekend or Holiday Burial

Section Letter: __R __ Row No. _333 __ Plot No. _23

Cremains (Full Size Coffin) / Plot with coffin & 4 cremains / Plot with 8 cremains

To be buried with: ______ Relation: ______

Is other person already buried? Yes No

Who ______ Relation _____

Grave to be dug double deep: No / Yes / Already is

Additional Info/Special Instructions:

Additional Info/Special Instructions:

Additional Casket. This grave was provided from Airce 2 cremain prignal Plot

Airce 2 cremain prignal Plot

(No -252-42)

Plot Plan

	A	В	A	В
			c	D
,		·	E	F
	С	D	G	Н
4x8 Casket Plot or 3x3 Cremation 1	4 Cren	ot w/casket & nains	8	Cremains Plot
Approved by Family Member	Erey Pfer Print Sign	F+		4-2-20
Approved by Public Works	Print			
	Sign		Date	e

AZ Department of Health Services Office of Vital Records DEATH REGISTRATION WORKSHEET

This form is for the collection of the data needed to complete the Arizona Certificate of Death. This is not a death certificate. Arizona Revised Statute §36-342. Disclosure of information; prohibition A. The state registrar may provide information contained in vital records to persons, including federal, state, local and other agencies, as required by law and for statistical or research purposes. B. Except as authorized by law, a local registrar, a deputy local registrar or the state registrar or their employees shall not: 1. Permit inspection of a vital record or evidentiary document supporting the vital record. 2. Disclose information contained in a vital record. 3. Transcribe or issue a copy of all or part of a vital record. STATE OF ARIZONA

TATE COPY	DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS State File Number CERTIFICATE OF DEATH									
I, DECEDENT'S LEGAL NAME (FIRST,	MIDDLE, LAST, SUF	FFIX)	CERTIFICA	2. AKA'S (3. DATE (OF DEATH	
		records and		THE REAL PROPERTY.	- version of			00/00/0	0000	
AROLYN, JEAN, HOLT				8. DATE OF BIRTH		7. A	GE	03/30/2	020	-
						4		1		
EMALE COTY/TOWN, COUNTY AND ZIP OR I	526-13-32 OCATION OF DEAT			02/06/1941		179	YEARS	CONTRACTOR OF THE PARTY OF THE	and a	
							488	The same	DCS.	.
JCSON, PIMA, 85712 PLACE OF DEATH (TYPE OF PLACE	OF DEATH AND EA	ACTUTY NAME OF	npres)				Sylates Section	4	¥	
PEACE OF BEATH (THE OF PEACE	OF DEATH AND PA	NOILE I PARALLACE	Diteasy				4	60.FT		
NGELA'S ASSISTED LIV			Y STREET 11, MARITAL STATU:	e	40 NAME	OF SURVIVING SPONES	ODIO PITO E	DOT MADDE	ACE /EIDST MI	2015
T RIKI HALVOS (CLIA VND ZIVIE O	R FOREIGN COUNT	21)	II, MARIIAL STATU	3	LAST, SU	FFIX)	CONTRACT.	PEST NEWYOR	Mar fring : ' wi	, J
AVANNA, OKLAHOMA			NEVER MARR	RIED	NOT LI	STED 🤼 🧳				
3. DECEDENT'S USUAL RESIDENCE	ADDRESS (STREET	I, CITY, COUNTY.	SIAIE, ZP)		æ	435				
21 E WAVERLY STREE					- Contraction	4			_	
4. DECECENT'S HISPANIC ORIGIN(S)÷	15. DE	ECEDENT'S RACE(S):		A12.00	16.	EVER IN ARA	MED FORCE	S	
					S. S	NO				
						17.1	OCCUPATION	N		
8, FATHER'S NAME (FIRST, MIC	DIE LAST SUE	==		I 19 MOTHERS	JAME DDI	OR TO FIRST MARRIA	OF (FIRST	MIDDLE	LAST SHEE	IXI
on the state of the state of the	and marriage	,		A)A)A				,	,	
UGENE, , HOLT D. INFORMANT'S NAME (FIRST, MIDI	NE LAST SHEEM			MARJORIE,	HANLI	N	24 5	RELATIONS	-ip	
J. DALCHIENNI S INAME (FIRST), MIDI	ALC. LAST, SUPPLY						2	ruidedi		
ARLETA, HEUMANN							COL	JSIN		
2, INFORMANT'S MAILING ADDRESS				480						
19 SCHOONER LANE, N			4 100	Total						
3. NAME AND ADDRESS OF FUNERA ENSEN'S SIERRA VISTA			SON WEST V	24. FUNERAL DIR	ECTOR'S N	AME OR RESPONSIBLE PI	ERSON	. 2	5. UCENSE NU	MEER
515 S HIGHWAY 92, SIE	RRA VISTA,	AZ, 85650	£ 7.834	GREGORY,					UN-00135	1
6. METHOD(S) OF DISPOSITION	EVERGE	AND LOCATION OF ME	OF AND DISPOSITION FA TERY - BISBEE	ACIUTY	28. NAME	AND LOCATION OF 2ND	DISPOSITION	NEACILITY		
URIAL		AZ US								
and the second s		MEDICALC	ERTIFICATION S	ECTION CAUSE	OF DEA	TH PART I		CONTRACTOR		
9. A. IMMEDIATE CAUSE OF DEATH	49	MEDICAL	ERTIFICATION S	ECTION CAUSE	OF DEA	TH PART I		CONTRACTOR	OXIMATE INTE	RVAL.
9. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF	THE BRAIN	MEDICALO	ERTIFICATION S	ECTION CAUSE	OF DEA	TH PART I		30. APPR	OXIMATE INTE	
9. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF	THE BRAIN	MEDICAL	ERTIFICATION S	ECTION CAUSE	OF DEA	THPARTI		30. APPR	OXIMATE INTE	
9. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF	THE BRAIN	MEDICAL C	ERTIFICATION S	ECTION CAUSE	OF DEA	TH PART I		30. APPR	OXIMATE INTE	
ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN	THE BRAIN SECTION	MEDICALO	ERTIFICATION S	ECTION CAUSE	OF DEA	TH PART I		30. APPR 1+ YEA 32. APPR	OXIMATE INTE	RVAL
B. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF M. B. DUE TO OR AS A CONSEQUEN	THE BRAIN SECTION	MEDICALO	ertification s	ECTION CAUSE	OF DEA	TH PART		30. APPR 1+ YEA 32. APPR	OXIMATE INTE ARS DXIMATE INTE	RVAL
8. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO OR AS A CONSEQUEN 3. C. DUE TO OR AS A CONSEQUEN	THE BRAIN OF OF	MEDICALC	ertification s	ECTION CAUSE	OF DEA	TH PART		30. APPR 1+ YEA 32. APPR 34. APPR	OXIMATE INTE ARS DXIMATE INTE	RVAL
9. A. IMMEDIATE CAUSE OF CEATH ENILE DEGENERATION OF 11. B. DUE TO OR AS A CONSEQUEN 2. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN	THE BRAIN OF OF	MEDICAL C	ertification s	ECTION CAUSE	OF DEA	TH PART I		30. APPR 1+ YEA 32. APPR 34. APPR	OXIMATE INTE	RVAL
8. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF IT. B. DUE TO OR AS A CONSEQUEN 3. C. DUE TO OR AS A CONSEQUEN	THE BRAIN OF OF	MEDICAL C		ECTION CAUSE		TH PART		30. APPR 1+ YEA 32. APPR 34. APPR	OXIMATE INTE	RVAL
8. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN 3. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNE CANT CONDITION	F THE BRAIN SECOND		CAUSE OF	F DEATH PART	i	SO, INJURY AT WORK?	40. MAN	30. APPR 1+ YEA 32. APPR 34. APPR	ARS ARS EXAMPLE INTE	RVAL
B. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN 2. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNIF CANT CONDITION	F THE BRAIN SECOND		CAUSE OF	F DEATH PART THE 38, NAURY	i			30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR	ARS EDXIMATE INTE EDXIMATE INTE EDXIMATE INTE	RVAL
A.A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF B. B. DUE TO DR AS A CONSEQUEN B. C. DUE TO OR AS A CONSEQUEN B. D. D. DUE TO OR AS A CONSEQUEN B. D. D. DUE TO OR AS A CONSEQUEN B. D.	F THE BRAIN SECOND		CAUSE OF	F DEATH PART	11	30. INJURY AT WORK?	NATUF 43. WER	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR NER OF DEA	ARS EXAMATE INTE	RVAL RVAL
B. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN 2. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNIF CANT CONDITION	F THE BRAIN SECOND		CAUSE OF	F DEATH PART THE 28 INJURY NO 41. TIME OF	tt ?	39. INJURY AT WORK? 42. WAS AN AUTOPSY PERFORMED?	NATUF 43. WER	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR NER OF DEA	ARS EXAMATE INTE	RVAL RVAL
8. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN 3. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNE-CAN'T CONDITION NUDERLYING CAUSE GIVEN IN PART	F THE BRAIN SECOND	O THE DEATH BU	CAUSE OF	F DEATH PART 13a DALLRY NO 41. TIME OF	t ?	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUF 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR NER OF DEA	ARS EXAMATE INTE	RVAL RVAL
8. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN 3. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNE-CANT CONDITION NUDERLYING CAUSE GIVEN IN PART	THE BRAIN CE OF CE OF:	O THE DEATH BU	CAUSE OF	F DEATH PART THE 33. INJURY NO 41. TIME OF 09:42 NINER CERTIFIE	t ?	39. INJURY AT WORK? 42. WAS AN AUTOPSY PERFORMED?	NATUF 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR NER OF DE- RAL DE- E AUTOPÓN PLETE THE	ARS EXAMATE INTE	RVAL RVAL
B. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO DR AS A CONSEQUEN 2. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNIFICANT CONDITION INDERLYING CAUSE GIVEN IN PART THE BEST OF MY KNOWLLDGE, THE OVE IS CORRECT AND THE DEATH OVE IS CORRECT AND THE DEATH	THE BRAIN SECOND	TO THE DEATH BU	CAUSE OF RESULTING INT	F DEATH PART THE 33. INJURY NO 41. TIME OF 09:42 NINER CERTIFIE	t ?	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUF 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR APPR APPR 45. DATE	EXEMPTE OF DEATH OF CERTIFIED	RVAL RVAL
THE BEST OF MY KNOWLEDGE, THE CAUSE OF MAD THE DEATH OF ME TO CRASH CONSEQUENT OF MY KNOWLEDGE, THE BEST OF MY KNOWLEDGE, THE CAUSE CORRECT AND THE DEATH OF ME STATES.	THE BRAIN SECOND	TO THE DEATH BU	CAUSE OF RESULTING IN 1	F DEATH PART THE 33. INJURY NO 41. TIME OF 09:42 NINER CERTIFIE	t ?	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUF 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR NER OF DE- RAL DE- E AUTOPÓN PLETE THE	EXEMPTE OF DEATH OF CERTIFIED	RVAL RVAL
A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF I. B. DUE TO DR AS A CONSEQUEN B. C. DUE TO OR AS A CONSEQUEN S. D. DUE TO OR AS A CONSEQUEN S. D. DUE TO OR AS A CONSEQUEN TO THE SEST OF MY KNOWLEDGE, THE BEST OF MY KNOWLEDGE, THE SECORRECT AND THE DEATH THE CAUSE OF AND MANNER STAT	CE OF: S CONTRIBUTING T E INFORMATION COLUMNED DUE CO.	TO THE DEATH BY 44. NAME OF PE MICHELLE,	CAUSE OF RESULTING INT	F DEATH PART THE 33. INJURY NO 41. TIME OF 09:42 NINER CERTIFIE	t ?	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUF 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR APPR APPR 45. DATE	EXEMPTE OF DEATH OF CERTIFIED	RVAL RVAL
ENILE DEGENERATION OF B. D. DUE TO OR AS A CONSEQUENT C. DUE TO OR AS A CONSEQUENT D. DUE TO	CE OF: S CONTRIBUTING T E INFORMATION COLUMNED DUE CO.	TO THE DEATH BY 44. NAME OF PE MICHELLE,	CAUSE OF THE SELECTION	F DEATH PART THE 38 INJURY NO 41 TIME OF 09:42 NINER CERTIFIES	B ? PEATH SATION	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUF 43. WER TO COM	30. APPR 1+ YE/ 32. APPR 34. APPR 36. APPR 36. APPR 47. DATE 45. DATE 45. DATE	EXECUTION OF THE CONTRACT OF T	RVAL RVAL RVAL
8. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN 3. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 6. D. DUE TO OR AS A CONSEQUEN 7. OTHER SEGNET CAN'T CONDITION NUDERLYING CAUSE GIVEN IN PART OVE IS CORRECT AND ALTHOR DEATH 6. CERTIFIER'S ADDRESS 90.1 W OASIS DRIVE, TU 1. Registered:	CE OF: CE OF:	44. NAME OF PE MICHELLE, 85742	CAUSE OF RESULTING INTO A CAUSE AND MARKED COMPLETING C	F DEATH PART THE 38, INJURY NO 41, TIME OF 09:42 INNER CERTIFIE AUSE OF DEATH	B DEATH	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUR 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR MER OF DE- RAL DE- E AUTOPSY PLETE THE 45. DATE 03/31/2	EXIMATE INTE	RVAL RVAL EABLE TH7
B. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO DR AS A CONSEQUEN 2. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 6. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNIFICANT CONDITION INDERLYING CAUSE GIVEN IN PART THE BEST OF MY KNOWLEDGE, THE BEST OF MY KNOWLEDGE, THE CAUSE OF MY KNOWLEDGE,	CE OF: CE OF:	44. NAME OF PE MICHELLE, 85742	CAUSE OF RESULTING INTO A CAUSE AND MARKED COMPLETING C	F DEATH PART THE 38, INJURY NO 41, TIME OF 09:42 INNER CERTIFIE AUSE OF DEATH	B DEATH	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUR 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR MER OF DE- RAL DE- E AUTOPSY PLETE THE 45. DATE 03/31/2	EXIMATE INTE	RVAL RVAL EABLE TH7
ENILE DEGENERATION OF THE DEGENERATION OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE SENT OF MY KNOWLEDGE, THE DESCRIPTION OF THE BEST OF MY KNOWLEDGE, THE CAUSE OF THE CAUSE OF THE DEATH THE CAUSE OF	CE OF: S CONTRIBUTING T E INFORMATION OCCURRED DUE ED. JCSON, AZ, Pation Pro	TO THE DEATH BY 44 NAME OF PE MICHELLE, 85742	CAUSE OF CAUSE AND MA CRISON COMPLETING CO., RAFFERTY Date Iss	F DEATH PART THE 38. INJURY NO 41. TIME 01 09:42 INNER CERTIFIE AUSE OF DEATH	B DEATH	39. INJURYAT WORK? 42. WAS AN AUTOPSY PERFORMED? NO	NATUR 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR 36. APPR 45. DATE 03/31/2	ARS EXAMATE INTERPRESENTATE ATH ATH FINDINGS AVI CALISE OF DEA CORNERS CORNERS	RVAL RVAL RVAL RVAL RVAL RVAL RVAL RVAL
B. A. IMMEDIATE CAUSE OF DEATH ENILE DEGENERATION OF 1. B. DUE TO CR AS A CONSEQUEN 2. C. DUE TO OR AS A CONSEQUEN 5. D. DUE TO OR AS A CONSEQUEN 7. OTHER SIGNIFICANT CONDITION NUDERLYING CAUSE GIVEN IN PART OTHER BEST OF MY KNOWLEDGE, THE CAUSE OF AND MANNER STAT 6. CERTIFIER'S ADDRESS 301 W OASIS DRIVE, TU 12 Registered: 14 LEST THE INFORM	CE OF: S CONTRIBUTING T E INFORMATION OCCURRED DUE ED. JCSON, AZ, Pation Pro	TO THE DEATH BY 44 NAME OF PE MICHELLE, 85742	CAUSE OF CAUSE AND MA CRISON COMPLETING CO., RAFFERTY Date Iss	F DEATH PART THE 38. INJURY NO 41. TIME 01 09:42 INNER CERTIFIE AUSE OF DEATH	B PEATH	39, INJURY AT WORK? 42, WAS AN AUTOPSY PERFORMED?	NATUR 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR 36. APPR 45. DATE 03/31/2	ARS EXAMATE INTERPRESENTATE ATH ATH FINDINGS AVI CALISE OF DEA CORNERS CORNERS	RVAL RVAL RVAL RVAL RVAL RVAL RVAL RVAL
ENILE DEGENERATION OF I.B. DUE TO DRIAS A CONSEQUENT OF DESTRUCTION OF I.B. DUE TO DRIAS A CONSEQUENT OF I.B. DUE TO DRIAS ADDRESS OF I.B. DRIVE, TUENT OF I.B. DRIVE, TUE	CE OF: S CONTRIBUTING T E INFORMATION OCCURRED DUE ED. JCSON, AZ, Pation Pro	TO THE DEATH BY 44 NAME OF PE MICHELLE, 85742	CAUSE OF CAUSE AND MA CRISON COMPLETING CO., RAFFERTY Date Iss	F DEATH PART THE 38. INJURY NO 41. TIME 01 09:42 INNER CERTIFIE AUSE OF DEATH	B PEATH	39. INJURYAT WORK? 42. WAS AN AUTOPSY PERFORMED? NO	NATUR 43. WER TO COM	30. APPR 1+ YEA 32. APPR 34. APPR 36. APPR 36. APPR 45. DATE 03/31/2	ARS EXAMATE INTERPRESENTATE ATH ATH FINDINGS AVI CALISE OF DEA CORNERS CORNERS	RVAL RVAL RVAL RVAL RVAL RVAL RVAL RVAL

Dept. Current Fees; Document Correction fee \$30 + Corrected Certified Copies \$20.00 each.

JENSENS SIERRA VISTA MORTUARY

5515 S. Highway 92 Sierra Vista, AZ 85650 (520) 378-4895 - Fax (520) 378-4896 E-Mail - jsvm@cox.net

AUTHORIZATION TO PREPARE REMAINS

Deceased: Carolyn Holt	Date of Death: <u>03/30/2020</u>
Date of Authorization: 04/01/2020	
Family Viewing? Yes No	Initial
however, if you select certain funeral arrang want embalming, you usually have the right t	not required by law. Embalming may be necessary, ements such as funeral with viewing. If you do not to choose an arrangement that does not require you at cremation or immediate burial.
deceased by an embalmer and/or registere facility recognized to be fully in accordant	Sierra Vista Mortuary to embalm the remains of the ed apprentice, duly licensed, in this facility, or other ace to Arizona Statute. It is hereby acknowledged eparation of the remains that I/We further authorize
I/We authorize Jensens Sierra Vista Morte recognized alternative to embalming. It is refrigeration will be incurred.	uary to refrigerate the remains of the deceased as a shereby acknowledged that a charge for
hereby authorize Jensens Sierra Vista Moremains prior to cremation or burial. This necessary, bathing of the remains, aspiration	n ID viewing for immediate family members, I rtuary to provide minimum preparation of the preparation includes, setting facial features and if ion of excess fluid or gases from the remains. It acknowledged that a charge for minimum his authorization.
(Signature)	(Witness)
TELEPHONE AUTHORIZATION	TO EMBALM REFRIGERATION
Name: Carleta Heumann	Relationship: Cousin
Address: 419 Schooner Ln	
Telephone#- 615-758-2899	
Date: <u>04/01/2020</u>	Time: 10:02 am
Authorization received by:	