



BURIALS • CREMATIONS • NATIONAL • INTERNATIONAL
Caring, Personalized & Professional Services

**AUTHORIZATION FOR RELEASE,
REMOVAL AND/ OR EMBALMING**

_____ **Name of Deceased** _____ **Date of Death**

_____ **Place of Death**

_____ **Height and weight**

The undersigned individually or jointly agrees for the removal of the above name person to our funeral home premises, to care and/ or embalm and for the final disposition of the deceased mentioned above. We follow rules, regulations and laws of the State of Illinois and as well as the customary practices the next of kin and or undersigned has.

The undersigned hereby represent that I am (we are) of the same and nearest degree of relationship to the above name deceased person and/or legally authorized for the proper disposition of the deceased.

_____ *Name* _____ *Relationship*

_____ *Phone Number*

_____ *Name* _____ *Relationship*

_____ *Phone Number*

_____ **Date**

