**The Lakes Crematory and Funeral**
500 Park Avenue, Suite 106
Lake Villa, IL 60046
Phone: (847) 265-7210
Fax: (847) 265-7211

# Authorization for Release and Removal with Embalming

To: _____ _____
Name of Hospital, Nursing Home, ME/Coroner | Address, City, State, Zip Code

_____ _____
Name of Deceased Person | Date of Death

The undersigned hereby represents that I am of the (we are of the same and) nearest degree of relationship to the above named deceased person. I am (We are) legally authorized or charged with the responsibility for the proper burial and/ or other disposition of the remains of the above named deceased person.

The undersigned individually and jointly and severally authorize the release of the remains of the deceased person and any personal property or effects belonging to the deceased person to the above named funeral home and further authorize said funeral home to remove the remains of the deceased person to its premises.

X _____ _____
Next of Kin | OUT OF TOWN Funeral Home

_____ _____
Address | Address

_____ _____
City, State, Zip Code | City, State, Zip Code

_____ _____
Phone | Phone

_____
Fax