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 Without Embalming

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

The undersigned hereby direct and authorize the _____
(Name of Funeral Home)
and/or its agents, to remove and take possession of the body of _____
(Deceased)
and to provide for the final disposition of said body by _____
(Disposition)
We direct that there be no embalming or other preparation or care of the body. The undersigned also wish here by to indicate the desire _____ rites/ceremonies with the casketed body present.
(not to have/to have)
The undersigned do further state that they _____ identified the body of the above named decedent and assume all responsibility and/or liability of anyone whomsoever for mistaken identity.
(have / have not)
The undersigned do here by agree to indemnify and hold harmless the above-named funeral home, it officers, agents and employees from any claims or causes of action,including a reasonable attorney's fee for the defense thereof arising out of their act of identification or failure to identify, or arising out of their decision not to embalm, or arising out of any other decision indicated by this agreement which may result in mental or physical distress or anguish or harm or financial loss to themselves or to others.

X _____
Next of Kin

_____
Address

_____
City, State, Zip Code

_____
Phone

_____
OUT OF TOWN Funeral Home

_____
Address

_____
City, State, Zip Code

_____
Phone

_____
Fax