



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.

The Lakes retains the right to hold electronic verification of the remains of the deceased, and I agree that the Lakes may have access and use photographic and electronic images of the deceased and any medical records of the deceased, for identification and training purposes.

X _____
Next of Kin OUT OF TOWN Funeral Home

Address Address

City, State, Zip Code City, State, Zip Code

Phone Phone

Fax