



The Lakes Crematory and Funeral

500 Park Avenue, Suite 106

Lake Villa, IL 60046

Phone: (847) 265-7210

Fax: (847) 265-7211

Email: lakescrematory@comcast.net

Authorization for Release and Removal Without Embalming

To:

Name of Hospital, Nursing Home, ME/Coroner Address, City, State, Zip Code

The undersigned hereby authorizes

Name of Funeral Home

and/or its agents, to remove and take possession of the body of

Name of Deceased Person

and to provide for the final disposition of said

Disposition (Cremation or Burial)

We direct that there is to be no embalming, or other preperation or care of the body. The undersigned also wish here by to indicate the desire NOT TO HAVE/TO HAVE rites/ceremonies with the casketed body present.

The undersigned further states that they HAVE/HAVE NOT identified the body of the above named decedent and assume all responsibilities and/or liability of anyone whomsoever for mistaken identity.

The undersigned does hereby agree to idemnify and hold harmless the above named funeral home, its 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 decission not to embalm, or arising out of any decission indicated by this agreement which may result in the mental or physical distress or anguish or harm or financial loss to themselves or to others.

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 or the deceased and any medical records of the deceased, for identification and training purposes.

X

Print Name and Relationship

OUT OF TOWN Funeral Home

Signature

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone

Phone

Fax

Email

Email