

AUTHORIZATION TO REMOVE HUMAN REMAINS AND TO CERTIFY NEXT OF KIN

Pursuant to your rules and regulations, I authorize the release of
the human remains of :

To Illinois Cremation Centers. I am the nearest next of kin and declare by my signature below that I have full right to authorize this release, (i.e. Illinois Cremation Centers, its agents, and the hospital or convalescent hospital) where the death occurred, and its agents and any other parties.

I further certify that no other relative or party in interest has objected to this cremation.

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Signature of Next of Kin

Relationship

Date

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Address

Phone

City, State, Zip Code

Witness/Counselor

Subscribed and sworn before me this Day of

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Notary Seal and Signature

Date

My Commission expires: