

Director
Stuart G Benson

Lake County Cremation, Inc.

3224 W. Montrose Avenue
Chicago, Illinois 60618
800-677-9711

AUTHORIZATION FOR RELEASE AND REMOVAL

Name of Deceased Person

Date of Death

The undersigned hereby represents that I am(we are) of the same and nearest degree of relationship to the above named deceased person and/or 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 of 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.

Signature

Signature

Address

Address

Relationship to Deceased

Relationship to Deceased

Date _____

Director
Douglas H. Scott

Lake County Cremations, Inc.

3224 W. Montrose Avenue
Chicago, Illinois 60618
847-986-5590

AUTHORIZATION FOR EMBALMING

Name of Deceased Person

Date of Death

The undersigned hereby represents that I am (we are) of the same and nearest degree of relationship to the deceased person and/or are legally authorized or charged with the responsibility for the proper care, embalming and otherwise preparation of said body for burial and/or other disposition.

Signature

Signature

Address

Address

Relationship to Deceased

Relationship to Deceased

Date _____