

Benson Family Funeral Home, Inc.

**3224 West Montrose Avenue
Chicago, Illinois 60618**

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 _____