

Collins & Stone
FUNERAL HOME

128 South 5th Street
Rockford, Illinois 61104
www.collinsandstonefh.com

Authorization Form

I / We designate **Collins & Stone Funeral Home**, to take charge of the funeral arrangements for: _____, and I / We authorize the release and removal of the remains to said funeral establishment for the purpose of embalming.

I / We represent that I am / We are the next of kin, or are acting as authorized agent/s for the next of kin, or as the legal representative of such person, and as such, have the paramount right to direct the disposition of the body of the decedent.

The undersigned authorizes and directs the above-named funeral homes, its employees, independent contractors, and agents (including apprentices under the direct supervision of a licensed embalmer), to care for, embalm, perform surgical procedures as deemed necessary by the embalmer and prepare the body of the decedent. The undersigned acknowledges that the authorization encompasses permission to embalm at the funeral home facility or at another facility equipped for embalming.

Signatures:

Relationship to Decedent:

_____	_____
_____	_____
_____	_____

For Verbal Authorization

Authorization from: _____ Relationship: _____

Date: _____ Time: _____ Received By: _____

Removal Information

Name of person making removal _____ Date: _____

Place of Removal: _____