CERTIFICATE OF NEXT OF KIN FOR CREMATION CARE OF ILLINOIS

I, _____, hereby certify that I am the closest living relative or next of kin of, _____.

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

Signature_____

Address_____

Telephone number_____

Relationship_____

State of Illinois, County of _____. Subscribed and sworn before me:

_____Day of _____, 20_____

Notary Public_____ Notary Seal

(Affix Here)

This document must be presented with the Cremation Authorization and a copy of the Death Certificate.
This certification is required on all cases where a cremation permit is required.