

Castle Hill Funeral Home

Please print and complete the Release and Removal Document.
This document is required for Castle Hill Funeral Home to transfer custody of
deceased into our care.

Email completed Release and Removal Document to:
Castlehillfuneralhome@hotmail.com

If you are emailing multiple documents, please submit all documents in 1 email.

Castle Hill Funeral Home

248 155th Place Calumet City, IL 1219 Sheffield Avenue Dyer, IN

AUTHORIZATION FOR RELEASE AND REMOVAL

NAME OF DECEASED: _____

DATE OF DEATH: _____

The undersigned hereby represents that I am of the (we are of the same and) nearest degree of relationship to the above-named deceased person. I am (we are) legally authorized or charged with responsibility for the proper disposition of the remains named above. The undersigned individually, jointly and severally authorize the release of the remains of the deceased (any personal property or effects belonging to the deceased) to CASTLE HILL FUNERAL HOME; and further authorize CASTLE HILL FUNERAL HOME to remove the remains of the deceased to its premises.

PRINTED NAME: _____

SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____