

EVANSTON FUNERAL & CREMATION, Inc.



1906 Main Street

Evanston, Illinois 60202-1516

Roland F. Weis – Funeral Director

(847) 866-8843

AUTHORIZATION FOR RELEASE

I/We, the undersigned, hereby authorize and request

to release the remains of:

(Name of Deceased)

to Evanston Funeral & Cremation, Inc.

I/We acknowledge and agree that this release authorization permits the use of other funeral homes/affiliates, or other independent contractors in connection with the transfer of the deceased from the place of death.

I/We represent that I/We have legal authority to give this authorization. I/We agree to indemnify and hold harmless the funeral home, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

☐ *This Instrument Signed On An At-Need Basis*

☐ *This Instrument Signed On A Pre-Need Basis*

Signed

Print Name

Relationship

Signed

Print Name

Relationship

Witness

Date _____, 202____