

EVANSTON FUNERAL & CREMATION, Inc.

1726-A Central Street
Evanston, Illinois 60201
Roland F. Weis - Funeral Director
(847) 866-8843

AUTHORIZATION FOR RELEASE

I /We, the undersigned, hereby authorize and request

to release/transfer the remains, *including property*, 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.

Signed Print Name Relationship

Signed Print Name Relationship

Witness

Date _____, 202____