



*John G. Ligda*

FUNERAL DIRECTORS

9630 Ridgeway Avenue  
Evergreen Park, Illinois 60805

(708) 390-1200 Fax (708) 391-0636 [www.JohnLigda.com](http://www.JohnLigda.com)

## RELEASE AUTHORIZATION

I/We, the undersigned, hereby authorize and request

\_\_\_\_\_ (HOSPITAL OR CARE CENTER)

to release/transfer the remains of

\_\_\_\_\_ (DECEASED)

to the care of                     *John G. Ligda Funeral Service*                    .

I/We represent that I/We had the legal authority to give this authorization. I/We agree to indemnify and hold harmless *John G. Ligda Funeral Service*, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

\_\_\_\_\_  
Signature Relationship

\_\_\_\_\_  
Signature Relationship

Witness \_\_\_\_\_

Date \_\_\_\_\_