

**AUTHORIZATION TO REMOVE HUMAN REMAINS
AND
TO CERTIFY NEXT OF KIN**

Pursuant to your rules and regulations, I authorize the release of
the human remains of :

To Illinois Cremation Centers. I am the nearest next of kin and declare by my signature below that I have full right to authorize this release, (i.e. Illinois Cremation Centers, its agents, and the hospital or convalescent hospital) where the death occurred, and its agents and any other parties.

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

I authorize DNA retrieval (additional charge) Yes No

Signature of Next of Kin	Relationship	Date
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Address	Phone
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City, State, Zip Code

Witness/Counselor

Subscribed and sworn before me this _____ Day of _____

Notary Seal and Signature _____
Date

My Commission expires: _____