

The Lakes Funeral Services

500 Park Avenue, Suite 106

Lake Villa, Illinois 60046

(847) 265-7210 Fax: (847) 432-3879

Authorization for Release and Embalming

The undersigned hereby authorize

_____ **Name of Institution or Person**

to release the body of _____ **Deceased**

 to _____ **Name of Funeral Home** and/or

its agents and authorize said funeral home and/or its agents to care for, embalm and otherwise prepare said body for burial and/or other disposition.

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Signature / Name

Relationship to Deceased / Address

Signature / Name

Relationship to Deceased / Address

Signature / Name

Relationship to Deceased / Address

Signature / Witness

Date