



# Chicagoland

## CREMATION OPTIONS

*Honoring their wishes. Respecting your needs.*

*A Simple & Affordable Cremation Service*

**www.chicagolandcremationoptions.com**

Phone & Fax: (773) 631-0018

9329 W. Byron Street, Schiller Park, Illinois 60176

### 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:

\_\_\_\_\_  
*Name*

to Chicagoland Cremation Options. I am the closest living next of kin and declare by my signature below that I have full right to authorize this release, (i.e., Chicagoland Cremations, 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 removal.

I authorize embalming (if required / additional charge). Yes No

I authorize minimal preparation for a private immediate family viewing (additional charge). Yes No

I authorize DNA retrieval (additional charge). Yes No

I authorize taking a thumbprint (crematory will retain). Yes No

I authorize taking a photograph of the deceased and/or any unique identifying birthmarks, scars or tattoos. (*Specify*) \_\_\_\_\_ Yes No

\_\_\_\_\_  
Signature of Next of Kin / Relationship Date

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Witness

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_

Notary Seal and Signature \_\_\_\_\_  
Date

My Commission Expires \_\_\_\_\_