

# **SOUTH CHICAGO CHAPEL**

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SOUTHCHICAGOCHAPEL@GMAIL.COM

## **AUTHORIZATION FOR RELEASE AND REMOVAL**

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NAME OF DECEASED

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PLACE OF DEATH

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DATE OF DEATH

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PRINTED NAME OF NEXT OF KIN

RELATIONSHIP

I HEREBY STATE THAT I AM THE CLOSEST LIVING NEXT OF KIN OF THE ABOVE  
DECEASED AND I AUTHORIZE THE RELEASE OF THEIR REMAINS TO  
**SOUTH CHICAGO CHAPEL.**

I ALSO AUTHORIZE EMBALMING IF NECESSARY FOR THE SERVICES SELECTED.

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SIGNATURE OF NEXT OF KIN

DATE