

Morgan Cremation Services

24 W Lake St, Northlake, IL 60164

708-562-0219

Release Authorization Form

I hearby designate the above-named funeral establishment to take charge of funeral arrangements for:

and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming. I represent that I am next of kin, or am acting as an authorized agent for the next of kin.

Signature: _____

Relationship: _____

Co-Signed: _____

Relationship: _____

Witness: _____

Date: _____

FOR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from: _____

Relationship: _____

Date: _____

Time: _____

Received by: _____