

Andersen-Morgan Funeral Home
3234 W. North Ave
Chicago, IL 60647
(773) 235-0770

Authorization for Release and Removal

Name of Deceased

Date of Death

The undersigned hereby represents that I am of the (we are of the same and) nearest degree of relationship to the above-named deceased person. I am (We are) legally authorized or charged with the responsibility for the proper burial and/ or other disposition of the remains of the above named deceased person.

The undersigned individually and jointly and severally authorized the release of the remains of the deceased person and any. personal property of effects belonging to the deceased person to the above named funeral home and further authorize said funeral home to remove the remains of the deceased person to its premises.

Signature

Signature

Address

Address

Relationship to Deceased

Relationship to Deceased

Date: _____