



Cremation Society™ of Illinois, Inc.

Since 1983

OFFICES AT:

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41 N. Virginia St. Unit B
Crystal Lake, IL 60014
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Funeral service Center
6471 N. Northwest Hwy.
Chicago, IL 60631
(800) 622-8358

Home Page:
www.cremation-society.com

E-Mail Address:
info@cremation-society.com

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:**

To Cremation Society of Illinois. I am the nearest next of kin and declare by my signature below that I have full right to authorize this release, (i.e., Cremation Society of Illinois, 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 cremation.

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

I authorize minimal preparation for viewing (additional charge). Yes No

I authorize DNA retrieval (additional charge). Yes No

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

Signature of Next of Kin _____

Relationship: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Witness: _____

Subscribed and sworn before me this _____ day of: _____

Notary Seal and Signature: _____ Date: _____

My Commission Expires: _____