

The undersigned hereby authorize the release of the body of

\_\_\_\_\_ from \_\_\_\_\_  
(Name of deceased) (Name of institution or person)

to Northern Illinois Funeral Services and/or its agents.

I/We hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to decedent)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to decedent)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to decedent)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)