

SYMONDS FUNERAL HOMES

**SEGUIN
FUNERAL HOME**
858 Sheridan Road
Highwood, IL 60040
Phone: (847) 432-3878

**FAIRBROTHER
FUNERAL HOME**
4447 W. Irving Park Road
Chicago, IL 60641
Phone: (773) 286-5610

**SYMONDS-LAKES
FUNERAL HOME**
111 W. Belvidere Road
Grayslake, IL 60030
Phone: (847) 543-1080

Authorization for Release and Removal Without Embalming

To: _____
Name of Hospital, Nursing Home, ME/Coroner Address, City, State, Zip Code

The undersigned hereby direct and authorize the _____
(Name of Funeral Home)
and/or its agents, to remove and take possession of the body of _____
(Deceased)
and to provide for the final disposition of said body by _____
(Disposition)

We direct that there be no embalming or other preparation or care of the body. The undersigned also wish here by to indicate the desire _____ rites/ceremonies with the casketed body present.
(not to have/to have)

The undersigned do further state that they _____ identified the body of the above named
(have / have not)
decedent and assume all responsibility and/or liability of anyone whomsoever for mistaken identity.

The undersigned do here by agree to indemnify and hold harmless the above-named funeral home, its officers, agents and employees from any claims or causes of action, including a reasonable attorney's fee for the defense thereof arising out of their act of identification or failure to identify, or arising out of their decision not to embalm, or arising out of any other decision indicated by this agreement which may result in mental or physical distress or anguish or harm or financial loss to themselves or to others.

The Lakes retains the right to hold electronic verification of the remains of the deceased, and I agree that the Lakes may have access and use photographic and electronic images of the deceased and any medical records of the deceased, for identification and training purposes.

X _____
Next of Kin

Address

City, State, Zip Code

Phone

OUT OF TOWN Funeral Home

Address

City, State, Zip Code

Phone

Fax