

Friedrichs
Funeral Home, Inc.

320 West Central Road
Mount Prospect, Illinois 60056-2404
(847) 255-7800
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Authorization for Release

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.

Signature _____

Relationship to Deceased

Signature _____

Relationship to Deceased

Date _____