

# Seguin & Symonds Funeral Home

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858 Sheridan Road • Highwood, IL 60040 • Phone: (847) 432-3878 • Fax: (847) 432-3879

## Authorization for Removal and Disposition Without Embalming

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 &/or liability of anyone whomsoever for mistaken identity.

The undersigned do here by agree to indemnify and hold harmless the above-named funeral

home, it 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.

Decedent has no adult children.       Decedent is not married.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number