

# *Seguin & Symonds Funeral Home*

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

## Authorization for Release and Removal with Embalming

To:

\_\_\_\_\_  
Name of Deceased Person

\_\_\_\_\_  
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.

The undersigned individually and jointly and severally authorize the release of the remains of the deceased person and any personal property or effects belonging to the deceased person to the above named funeral home and further authorize said funeral home to remove the remains of the deceased person to its premises.

Decedent has no adult children.     Decedent is not married.

\_\_\_\_\_  
Next of kin

\_\_\_\_\_  
Name of Funeral Home

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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