

# AFFORDABLE CREMATIONS, LLC.

5350 West 95<sup>th</sup> Street  
Oak Lawn, Illinois 60453

Phone: (312) 216-9880

Fax: (773) 789-2236

Email: [info@affordablecremationschicago.com](mailto:info@affordablecremationschicago.com)

## AUTHORIZATION FOR RELEASE AND REMOVAL

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Name of Deceased

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Date of Death

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Place of Death (or Location Removing From)

The undersigned hereby represents that I am (we are) the nearest degree of relationship to the above named deceased person. I am (we are) legally authorized or charged with the responsibility for proper burial and/or other means of disposition of above named deceased.

The undersigned individually and jointly authorize the release of the remains of the deceased and any personal property or belongings of the deceased to Affordable Cremations, LLC. or its agents and further authorize either company to transport the remains of the deceased person to their facility.

Signature of Representative: \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_