



Lotus Mortuary

2939 E. 95th St. Chicago, IL. 60617 · Ph: (312)801-6000 · Fax: (312)820-8130

AUTHORIZATION FOR RELEASE AND REMOVAL

The undersigned hereby represent that I am/we are the nearest degree of relationship to the decedent. I am legally authorized or charged with the responsibility for proper burial and/or other disposition of the below named decedent. I hereby authorize Lotus Mortuary to take charge of funeral arrangements for

Name of Decedent

The undersigned individually and jointly authorize the release and removal of the remains and any personal property or effects belonging to the decedent to said funeral establishment.

Print Name: _____

Relationship: _____

Signature: _____

Date: _____

AUTHORIZATION FOR EMBALMING

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility or use licensed embalmers and agents to care for, embalm, and prepare the body of the deceased. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming.

Print Name: _____

Relationship: _____

Signature: _____

Date: _____