



RELEASE AUTHORIZATION

THE UNDERSIGNED HEREBY AUTHORIZE

NAME OF INSTITUTION

TO RELEASE THE BODY AND PERSONAL EFFECTS OF:

NAME OF DECEASED

TO SIMPLICITY FUNERAL & CREMATION CARE
AND OR ITS AGENTS.

I HEREBY REPRESENT THAT I AM OF THE SAME AND NEAREST DEGREE OF
RELATIONSHIP TO THE DECEASED AND/OR ARE LEGALLY AUTHORIZED OR CHARGED
WITH THE RESPONSIBILITY FOR BURIAL AND/OR DISPOSITION OF THE DECEASED.

NAME

RELATIONSHIP TO DECEASED

Signature:

Email:

2332 Crabtree Ave., Woodridge, IL 60517
1-630-445-1439/ www.SimplicityCremationCare.com