

RIDGEMOOR CHAPELS
American Cremation Society

7751 W. Irving Park Road, Chicago, Illinois 60634-2132

Authorization

T O : (Hospital, Medical Facility, Etc) _____

**I/We hereby authorize the aforementioned
funeral directors to assume custody of:**

Thus, I/We respectfully direct you to release said remains.

I/We Do/Do Not authorize embalming

(only applicable in the case of a public viewing/visitation and not that of an immediate service).


**Further, it is represented that I/We have the legal capacity and
authority with which to grant this authorization.**

SIGNED:  _____ **DATE:** _____

NAME(print): _____ **PHONE:** _____

Relationship: _____

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SIGNED:  _____ **DATE:** _____

NAME(print): _____ **PHONE:** _____

Relationship: _____

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