



16774 Dixie Highway
Hazel Crest, IL 60429
Office: (708) 335-0116

CERTIFICATION OF NEXT OF KIN FOR CREMATION

I, _____, HEREBY CERTIFY THAT I AM THE CLOSEST LIVING
RELATIVE OR NEXT OF KIN OF _____.

I FURTHER CERTIFY THAT NO OTHER RELATIVE OR PARTY IN INTEREST HAS OBJECTED
TO THIS CREMATION.

SIGNATURE

ADDRESS

CITY STATE ZIP CODE

TELEPHONE NUMBER

RELATIONSHIP

NOTARY PUBLIC SECTION

SUBSCRIBED AND SWORN BEFORE ME THIS
____ DAY OF _____ 20____

AFFIRM NOTARY SEAL BELOW:

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

THIS DOCUMENT MUST BE PRESENTED WITH THE CREMATION AUTHORIZATION AND A COPY OF THE DEATH
CERTIFICATE. THIS CERTIFICATION IS REQUIRED ON ALL CASES WHERE A CREMATION PERMIT IS REQUESTED.