



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

**ORDER OF RELEASE:**

To: \_\_\_\_\_  
Name of Hospital, Sanitarium, Institute, Coroner, etc.

Re: \_\_\_\_\_  
Name of Decedent

You are hereby authorized and directed to release the remains of the decedent listed above to: **Woodruff Funeral Home**.  
The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

_____	_____	_____
Name	Relationship	Phone Number
Executed this _____ day of _____, 20_____.		
at _____		
Address	City	State Zip Code

**AUTHORIZATION TO EMBALM:**

Re: \_\_\_\_\_  
Name of Decedent

I, \_\_\_\_\_, do \_\_\_\_\_ do not \_\_\_\_\_ (check one) request embalming, which I understand is the addition to or the replacement of body fluids by chemical preservatives of the application of the chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.  
Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**TELEPHONE AUTHORIZATION TO EMBALM:**

To be completed by **Woodruff Funeral Home** if authorization to embalm is obtained orally. The above statement of authorization was read.

To: \_\_\_\_\_  
Relationship: \_\_\_\_\_ who did \_\_\_\_\_ did not \_\_\_\_\_ (check one) authorize embalming.  
\_\_\_\_\_  
City State Zip Code  
Phone Number: \_\_\_\_\_  
Authorization Date: \_\_\_\_\_, 20\_\_\_\_\_ Time \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.  
Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.