



The Lakes Crematory and Funeral

500 Park Avenue, Suite 106
Lake Villa, IL 60046
Phone: (847) 265 - 7210
Fax: (847) 265 - 7211

Authorization for Removal and Disposition Without Embalming

The undersigned hereby direct and authorize the The Lakes Crematory
(Name of Funeral Home)

and/or its agents, to remove and take possession of the body of _____
(Deceased)

and to provide for the final disposition of said body by _____
(Disposition)

We direct that there be no embalming or other preparation or care of the body. The undersigned

also wish here by to indicate the desire _____ rites/ceremonies with the casketed body present.
(not to have/ to have)

The undersigned do further state that they _____ identified the body of the above named
(Have / Have not)
decendent and assume all responsibility &/or liability of anyone whomsoever for mistaken identity.

The undersigned do here by agree to indemnify and hold harmless the above-named funeral
home, it officers, agents and employees from any claims or causes of action,including a reasonable
attorney's fee for the defense thereof arising out of their act of identification or failure to identify,
or arising out of their decision not to embalm, or arising out of any other decision indicated by this
agreement which may result in mental or physical distress or anguish or harm or financial loss to
themselves or to others.

(Signature)

(Signature)