

I, the undersigned, hereby represent that I am of the same or nearest degree of relationship to the deceased and am legally authorized or charged with the responsibility of:

\_\_\_\_\_  
*(Name of Deceased)*

I further state that I authorize Muzyka & Son, 5776 West Lawrence Avenue, Chicago, IL 60630 or their agent to take identifying fingerprints of the deceased as well as the following:

\_\_\_\_\_ Remove/Take Possession of the remains of said deceased from the facility/entity herein stated

\_\_\_\_\_  
*(Facility Name)*

\_\_\_\_\_ To care for, embalm and otherwise prepare the deceased for viewing, burial, or other disposition.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Witness Printed Name*

\_\_\_\_\_  
*Relationship to Deceased*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Date*