



P&H FAMILLEE Funeral Services, Inc.
8138 S. Cottage Grove Ave. Chicago, IL
(773) 793-1367 | (773) 858-9669

REMOVAL AUTHORIZATION

TO: _____
(Name of Hospital, Institution, Coroner, etc.)

RE: _____
(Name of the Decedent)

You are hereby authorized & directed to release the remains of the above decedent.

Name Relationship Phone

Executed this _____ day of _____ 20____

Address City State Zip Code

EMBALMING AUTHORIZATION

Embalming is a surgical procedure which provides disinfection, restoration & temporary preservation to allow survivors to hold a service with viewing and thus protect the general public and staff from disease and the complications of decomposition.

I| We ___do___ do not authorize embalming of _____
By P&H FAMILLEE FUNERAL SERVICES, INC. Further I| We acknowledge the embalming is not legally required, but is desired due to the specific type of service arrangement that I| We have selected

Name Relationship

FUNERAL DIRECTOR| WITNESS