



**AUTHORIZATION TO REMOVE HUMAN REMAINS**  
**AND**  
**TO CERTIFY NEXT OF KIN**

Pursuant to your rules and regulations, I authorize the release of the human remains of:

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to ***Illiana Cremation Society***. I am the nearest next of kin and declare by my signature below that I have full right to authorize this release, (i.e ***Illiana Cremation Society***, its agents, and the hospital or nursing home) where the death occurred, and its agents and any other parties.

I further certify that no other relative or party in interest has objected to this cremation.

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Signature of Next of Kin

Relationship (if POA must send POA documents)

Date

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Address

Phone

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City, State, Zip Code

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Witness

**Who can authorize a cremation?**

If the spouse is deceased, then the children would step forward. If all the children are deceased, grandchildren may authorize as next of kin. If none of the above apply then parents, siblings or Power of Attorney can

authorize. If you have any questions about cremation authorization, call ***Illiana Cremation Society*** at 217-799-8637