

# REMOVAL AUTHORIZATION

Date \_\_\_\_\_ 20\_\_\_\_

TO WHOM IT MAY CONCERN:

I hereby authorize **COLONIAL FUNERAL HOME, INC.** of 591  
Ridgeview Drive McHenry, Illinois, or its representatives to take  
charge of the REMAINS of:

\_\_\_\_\_,  
DECEASED, for the purpose of REMOVAL to their preparation room.

\_\_\_\_\_  
Relationship to the deceased

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip