



## **AUTHORIZATION FOR RELEASE AND EMBALMING**

The undersigned hereby authorize

Name of Institution or Person:

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To release the deceased human remains of:

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To THEIS-GORSKI FUNERAL HOME and its appointed agent and authorize said funeral home to care for, embalm and otherwise prepare said body for burial and/or other disposition.

I (We) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

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Signature

Relationship to Deceased

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Signature

Relationship to Deceased

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

Theis-Gorski Funeral Home • 3527 N. Pulaski Road • Chicago IL 60641  
Tel 773.463.5800 • Fax 773.588-5300 • email: [info@theisgorski.com](mailto:info@theisgorski.com) • [www.theisgorski.com](http://www.theisgorski.com)