



4N028 Central Ave.
Bensenville, Illinois
60106

Phone: (630) 359-3254
Fax: (630) 359-3294
sagefcs.com

Release Authorization Form

I hereby designate the above-named funeral establishment to take charge of funeral arrangements
for: _____

and I authorize the release and removal of the remains to said funeral establishment for the purpose
of embalming. I represent that I am next of kin, or am acting as an authorized agent for the next of
kin.

Signature: _____

Relationship: _____

Co-Signed: _____

Relationship: _____

Witness: _____

Date: _____