



Back Protection Inc (DBA Peace And Paradise)
2824 Bernice Rd
Lansing, IL 60438
Phone: (877) 33-73223

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Authorization for Release and Removal Without Embalming

To: [Name of Hospital, Nursing Home, ME/Coroner] [Address, City, State, Zip Code]

The undersigned hereby authorizes, [Name of Funeral Home]

and/or its agents, to remove and take possession of the body of

[Name of Deceased Person]

and to provide for the final disposition of said [Disposition (Cremation or Burial)]

We direct that there is to be no embalming, or other preparation or care of the body. The undersigned also wish here by to indicate the desire NOT TO HAVE/TO HAVE rites/ceremonies with the casketed body present.

The undersigned further states that they HAVE/HAVE NOT identified the body of the above-named decedent and assume all responsibilities and/or liability of anyone whomsoever for mistaken identity.

The undersigned does hereby agree to indemnify and hold harmless the above named funeral home, its officers, agents and employees from any claims or causes of action, including a reasonable attorney's fee for the defense thereof arising out of their act of identification or failure to identify, or arising out of their decision not to embalm, or arising out of any decision indicated by this agreement which may result in the mental or physical distress or anguish or harm or financial loss to themselves or to others.

Back Protection Inc retains the right to hold electronic verification of the remains of the deceased, and I agree that Back Protection Inc may have access and use photographic and electronic images or the deceased and any medical records of the deceased, for identification and training purposes.

X [Print Name and Relationship]

Print Name and Relationship

[Funeral Home]

Funeral Home

[Signature]

Signature

[Address]

Address

[Address]

Address

[City, State, Zip Code]

City, State, Zip Code

[City, State, Zip Code]

City, State, Zip Code

[Phone]

Phone

[Phone]

Phone

[Fax]

Fax

[Email]

Email

[Email]

Email