Muslim
FUNERAL SERVICES, INC

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AUTHORIZATION TO REMOVE HUMAN REMAINS

Name of Deceased: _____

Place of Death: _____

Date of Death: _____

Name of Relative: _____

Relationship: _____

Date signed: _____

Muslim Funeral Services has my explicit consent to remove the human remains of my loved one and prepare them for burial conducted under Islamic guidelines and within the laws of the State of Illinois.

Signature: _____