

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**Place Patient Label**

RUSH UNIVERSITY MEDICAL CENTER  
**AUTHORIZATION FOR BURIAL  
OF INFANTS/STILLBIRTHS**

Authorization-E  
Authorization for Burial of Infants



IDN13150079

The undersigned, having the right to arrange for the burial of the body of the deceased

\_\_\_\_\_ ,

authorizes Rush University Medical Center to arrange for the transfer of the body of the deceased by a properly licensed mortician to a burial site.

I have read a copy of the Information Sheet for Bereaved Parents, Form No. 1938.

DATE: \_\_\_\_\_

\_\_\_\_\_

(Signature of Consenting Party)

TIME: \_\_\_\_\_ AM / PM

SIGNATURE

OF CHAPLAIN: \_\_\_\_\_