



735 IL CD 5/8- 2001.5 Certification

I, _____ certify that I am an authorized relative of the deceased, _____ is attached.

I certify that to the best of my knowledge and belief that no executor or administrator has been appointed for the deceased's estate, that no agent was authorized to act of the deceased under a power of attorney for health care, and the deceased has not specifically objected to disclosure in writing.

I certify that I am the surviving spouse of the deceased OR I certify that there is no surviving spouse and my relationship to the deceased is:

(circle one)

An adult son or daughter of the deceased.

Either parent (mother /father) of the deceased.

An adult brother or sister of the deceased.

This certification is made under penalty of perjury.*

Dated: _____

Print Authorized Relative's name

Authorized Relative's signature

*Note: Perjury is defined in section 32-2 of the criminal code of 1961, and is a Class 3 felony. (Source: P.A. 97-623, eff. 11-23-11)