



STATE OF ILLINOIS  
COMPTROLLER  
**JUDY BAAR TOPINKA**

**RELEASE FORM**  
**Illinois Cemetery Care Act**  
**(760 ILCS 100/1 et seq.)**

**(Make additional copies if necessary)**

**Please type or print legibly**

I certify that the information I have provided pursuant to the license application process is complete, accurate and true. I understand that any false or misleading information given in my application will be grounds for denial of my application. I also authorize any and all law enforcement agencies, including but not limited to the Illinois State Police, to process a criminal background check. I further authorize such law enforcement agencies to release any information pertaining to me to the Comptroller's Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Illinois  
County of \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear that the foregoing answers and statements have been knowingly made by me and the same are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Subscribed and sworn to before me in  
\_\_\_\_\_ County, in the State of Illinois  
by the said \_\_\_\_\_ who  
personally appeared before me in the aforesaid  
County and State, this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires