

AUTHORIZATION TO OBTAIN HANDPRINT OR FINGERPRINTS

1. **PARTIES:**

“FUNERAL HOME”:
_____ (Name of Funeral Home)

“REPRESENTATIVE”:
_____ (Name of Representative)
(Use Reverse Side for Additional Names)

“DECEDENT”:
_____ (Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box)

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.
- Other: _____

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **AUTHORIZATION TO OBTAIN HANDPRINT OR FINGERPRINTS:** The REPRESENTATIVE authorizes the FUNERAL HOME to obtain from the remains of the DECEDENT all of the items check-marked below. All prints will be taken from the right hand of the DECEDENT unless the REPRESENTATIVE instructs otherwise:

- Thumbprint
- All Fingerprints
- Handprint
- Other: _____

5. **REASONS FOR AUTHORIZATION:** The REPRESENTATIVE is directing the FUNERAL HOME to obtain the fingerprint(s) and/or handprint of the DECEDENT for the following reason (initial all lines that are applicable):

Initials

Reasons

For the purpose of creating a memorial item containing the fingerprint(s) and/or handprint of the DECEDENT
(Prints to be maintained in FUNERAL HOME’s files)

Requested by REPRESENTATIVE solely for the following purpose(s) stated fully below (**the fingerprints and/or handprint to be provided**)

to REPRESENTATIVE, who will be solely responsible for all prints):

6. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to the following: (1) the directions to obtain fingerprint(s) and/or handprint from the DECEDENT; (2) the distribution or other use of the fingerprint(s) and/or handprint by the REPRESENTATIVE or his or her agents or other representatives.

DATE:

SIGNATURE OF REPRESENTATIVE:

Name of Representative (Print)