

VERIFICATION OF IDENTITY OF DECEDENT

Name of Deceased: _____ Date of death: _____

The undersigned represents and warrants to be the next of kin to the decedent or the person(s) with the legal right and authority by law to control the disposition of the above-named decedent.

The undersigned hereby attests to the identity of the above named decedent, which took place on _____, 20____ at _____ A.M./P.M.

The undersigned represents and warrants to be the next of kin to the decedent or the designated representative of the next of kin or person(s) with the legal right and authority by law to identify the decedent.

The undersigned acknowledges he or she had had adequate and sufficient time and opportunity to properly identify the decedent before final disposition of the deceased's remains. The undersigned acknowledges there is no doubt or question about the identity of the decedent that is in the custody of the funeral home.

If verification of the identity of the deceased was performed by means other than visual identification (photograph, scars, tattoos, etc.) specify the means used:

The undersigned releases and discharges the funeral home, and agrees to indemnify and hold harmless the funeral home, its directors, employees and agents from any and all liabilities, obligations, losses, damages, claims of mental or physical distress or anguish, cost or expense of any nature whatsoever relating to or arising out of the misidentification of the decedent.

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Representative of the Funeral Home: _____