

REQUEST TO WITNESS THE CREMATION PROCESS

Name of deceased: _____ Date of death: _____

The undersigned represents and warrants to be the next of kin to the decedent or the designated representative of the next of kin or the person(s) with the legal right and authority by law to control the disposition of the above-named deceased and does hereby request to witness the cremation of the above-named decedent. The undersigned acknowledge:

- a. the funeral home representative listed below has advised and informed me of the cremation process,
- b. viewing the cremation process can be visually difficult and
- c. viewing the cremation can be emotionally distressful.

Having been thoroughly advised, the undersigned wishes to witness the cremation, which will take place on _____ at _____
Crematory at _____ A.M./P.M.

In so witnessing, the undersigned agrees to release and forever discharge the funeral home, its affiliates, officers, employees, agents and representatives from any and all liabilities, losses, damages, and injuries, known or unknown, claims of mental or physical distress or anguish, and agrees to defend and indemnify the funeral home from any claims, causes of action or suits of any kind that may arise from or in any way are related to the witnessing of the cremation process.

Signed this ____ day of _____, 20__ at _____.

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Representative of Funeral Home: _____