

VERIFICATION OF IDENTITY OF DECEDENT

Name of deceased: _____ Date of death: _____

The undersigned hereby attests to the identity of the above-named decedent. The identification 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 the person(s) with the legal right and authority by law to identify the decedent.

The undersigned acknowledges he or she has had 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 (e.g., 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 affiliates, officers, directors, employees and agents from any and all liabilities, obligations, losses, damages, claims of mental or physical distress or anguish, costs or expenses of any nature whatsoever relating to or arising out of the misidentification of the decedent.

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

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Representative of Funeral Home: _____