

## DNA / FINGERPRINT COLLECTION AUTHORIZATION

Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Case #: \_\_\_\_\_

I have provided directions below related to the collection of DNA:

I direct and authorize Licensee to collect, by cheek swab and/or hair sample, Decedent's DNA prior to final disposition, and to deliver to DNA Memorial for analysis.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Email Report to

I decline the opportunity to collect and store Decedent's DNA material.

\_\_\_\_\_  
Initial

I have provided directions below related to the collection of fingerprints:

I direct and authorize Licensee to collect Decedent's fingerprints prior to final disposition and to deliver to Legacytouch for purposes of creating a keepsake.

\_\_\_\_\_  
Initial

I decline the opportunity to collect and store Decedent's fingerprints.

\_\_\_\_\_  
Initial

I hereby release and hold harmless Licensee, its employees, owners and affiliates from any and all liability associated with the collection of Decedent's DNA and/or fingerprints or my decision to decline such collection.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed name of Authorized Agent

\_\_\_\_\_  
Signature of Licensee's Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed name of Licensee's Authorized Representative