



CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

PART I: To be completed by funeral home representative when there is no visual identification:

Name of Deceased: _____

Reason Visual Identification Was Not Performed: _____

Description of Alternative Method Used to Confirm Identification (e.g., photograph, scars, tattoos, etc.):

Name of Individual Providing Information Used to Confirm Identification: _____

Signature of Right Choice Cremation Representative
Confirming Identification

Printed Name

Date Identification Confirmed: _____

Location: _____

PART II: To be completed by next-of-kin or other legally authorized person making arrangements:

I/We having declined to make identification through the actual viewing of the human remains of:

hereby assume all liability for incorrect identification and do hereby agree to indemnify, defend and hold Right Choice Cremation, its affiliates, officers, agents and employees, harmless from any and all claims, personal representative thereof, relating to or arising for such failure to identify the deceased.

(Signature of Authorizing Family Member)

(Related to Deceased)

(Printed Name)

(Date)

(Witness Signature)

(Printed Name)

(TO BE PLACED WITH THE CASE FILE)