



Name of Deceased _____ Date of Death _____

IDENTIFICATION RESPONSIBILITIES OF AUTHORIZING AGENT

Acknowledgement of Identification Viewing / Waiver of Right of Identification

Acknowledgement of Identification Viewing

I, the undersigned Authorizing Agent, do hereby acknowledge that I have viewed the remains of the above named deceased person for purposes of identification, either at the place where death occurred or the funeral establishment.

Acknowledgement of Waiver of Right of Identification

I, the undersigned Authorizing Agent, do hereby waive my right of identification of the above named deceased person. I decline to view and acknowledge that the Funeral Director and/or Funeral Establishment will rely on the institution and/or responsible person(s) releasing physical custody for identification of said remains into their care.

Signature of Authorizing Agent

Signature of Funeral Director & License #

Printed Name of Authorizing Agent & Relationship

Printed Name of Funeral Director

Date of Acknowledgement

Release to View the Unembalmed Body for Identification

The undersigned has been advised by a responsible person affiliated with the funeral establishment that the remains of the above named decedent have not been embalmed or restored and that viewing of the remains under these circumstances may cause emotional distress and possible mental anguish. The Funeral Director listed above has advised the undersigned that such a viewing may create certain risks, among which are the risk of spread of infectious or communicable diseases to the undersigned or to others, the risk of emotional distress caused by seeing the deceased's remains in their present condition, and the risk that delay in performing the embalming or other preparation of the body, if this preparation is desired, may impair or prevent the funeral establishment's staff the opportunity to adequately embalm, restore or otherwise prepare the body.

The undersigned acknowledges that viewing the remains may require the funeral director to permit the undersigned access to parts of the funeral establishment not accessible to the general public. As part of the ordinary course of business of said establishment, certain equipment and chemicals are used, with which the public would ordinarily not have contact, but which may be toxic or hazardous. The viewing of the deceased in this fashion may cause the undersigned to come in contact with these hazards.

The undersigned agrees to assume responsibility concerning these risks and does hereby agree to indemnify and hold harmless the Funeral Director and the Funeral Establishment listed above as well as its officers, employees and agents, from any and all costs, liability, be it physical or emotional, including attorney's fees, resulting from the undersigned's decision to assume these risks and view the deceased.

Time / Date of Viewing _____

Location _____

Signature of Authorizing Agent

Printed Name of Authorizing Agent & Relationship

Date of Acknowledgement