

VISUAL IDENTIFICATION ACKNOWLEDGEMENT

The undersigned, having viewed the remains of the deceased, does hereby identify the same, as the body of - _____.

Ample time has been given to the undersigned, to assure proper identification prior to the execution of this document, and by signing the same; the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for incorrect identification, and does hereby agree to indemnify, defend and hold the funeral home identified above and its officers, agents and employees, harmless from any and all claims, damages, liabilities and costs (including reasonable attorney's fees) which may arise if this identification is inaccurate.

SIGNATURE

DATE AND TIME

PRINTED NAME

STREET ADDRESS

RELATIONSHIP TO DECEASED

CITY, STATE, AND ZIP CODE

WITNESS OF THE IDENTIFICATION PROCEDURE

NOTE: A funeral home representative (i.e. – a funeral director, a receptionist, etc.) must accomplish the witnessing of the Identification of Procedure, not by another family member, friend, or institutional employee knowing the deceased.

SIGNATURE OF FUNERAL HOME
REPRESENTATIVE

DATE

PRINTED NAME OF FUNERAL HOME
REPRESENTATIVE

TITLE OF FUNERAL HOME
REPRESENTATIVE

