

LA PAZ FUNERAL HOME

CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

Part 1: To be completed by Funeral Home representative whenever there is no visual identification

Name of Deceased:

Reason Visual Identification not performed:

Describe alternative methods used to confirm identification (E. G. photographs, scars, tattoos):

Name of the person providing information:

Name of the funeral home representative confirming identification:

Signature of the funeral home representative:

Part 2: to be completed by next of kin or other legally authorized person in charge of arrangements

I, _____, having declined to make identification through actual viewing of the remains of the deceased, hereby agrees to indemnify and hold LA PAZ FUNERAL HOME the funeral home and its officers, directors, shareholders, affiliates, agents, employees, and successors, and assigns harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorney's fees and expenses of litigation brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify.

Name of the person granting authorization

Relationship

Signature of Person Authorization

Witness Signature

Date

Drive license or other I.D. Please Photocopy