LA PAZ FUNERAL HOME

IDENTIFICATION ACKNOWLEDGEMENT

Name of Decedent	(the "Decedent"):				
Date of Birth	Date of	Death	Case ID#	Case ID#	
	Visu	al Identification Con	firmation		
Ample time has bee	aving viewed the remains of en given to the undersigned, e below, the undersigned ack	to confirm proper ider	ntification prior to the	execution of this docum	ent and
PAZ FUNERAL HO	ssumes all liability for incorre ME identified above, all its of (including reasonable attorne	ficers, agents and em	oloyees, harmless fror	n any and all claims, da	
Print Name of Pers	on Providing Visual ID:		Relationship to Dec	edent	
Signature		Date	Tim	Time	
Address	Street Address	City	State	Zip Code	
	Witness	s of the Identification	procedure		
TO BE COMPLETED	D BY NEXT-OF-KIN OR OTHE	R LEGALLY AUTORI	ZED REPRESENTATI	VE MAKING ARRANGE	MENTS
hold harmless LA F successors and ass attorney's fees and	o make identification through PAZ FUNERAL HOME its ow signs from any and all claims, expenses of litigation) brough grout of any inaccurate identif	vners and affiliates ar liabilities, damages, lent by any person, firm	nd respective officers, osses, costs, expense	directors, employees, s or causes of action (ir	agents ncluding
Print Name of Person of Authorized Representa		tives:	Relationship to Decedent		
Signature		Date	Tim	Time	
Address	Street Address	City	State	Zip Code	
Printed Name of Witness		Signature of Witness			
TO BE COMPLET	ED BY FUNERAL HOME RE	PRESENTATIVE IF V	IEWING IS DECLINE	D BY RESPONSIBLE F	PARTY
Reason Viewing No	ot Performed				
Describe Alternative	e Methods Used to Confirm lo	dentification (i. e. rece	nt photographs, scars	, tattoos):	
Printed Name of Pe	erson Providing Information:				
Printed Name of Fu	neral Home Representative	Confirming ID by Alter	native Methods:		
Signature of the Fu	neral Home Representative (Confirming ID by Alter	native Methods:		
Title		Date		Time	

Address: 3500 NW 7 ST Miami, Florida, 33125 Phone: 786 332 2983 / Fax: 305 999 7322