

**CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING**

**Part I.**

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 Individual Providing Information: \_\_\_\_\_

Name of Funeral Home Representative Confirming Identification: \_\_\_\_\_

Signature of Funeral Home Representative: \_\_\_\_\_

**Part II.**

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

I, \_\_\_\_\_, having declined to make identification

Through actual viewing of the remains of \_\_\_\_\_  
(Name of deceased)

Hereby agree to indemnify and hold JP Holley Funeral Home & Crematorium and its officers, directors, shareholders, affiliates, agents, employees, successors and assigns harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorneys' fees and expenses of litigation) brought by any person, firm or corporation of the personal representative thereof, relating to or arising out of such failure to identify.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name of Next of Kin)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_