



2701 Cleveland Ave. · Fort Myers, FL 33901
Phone: 239-337-7311 Fax: 239-337-7332

VISUAL IDENTIFICATION ACKNOWLEDGEMENT

The undersigned, having viewed the remains, does hereby identify the same as the body of _____ . Ample time has been given the undersigned to assure proper identification prior to the execution of this document and by signing 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 Gallaher American Family Funeral Home, 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

Signature

Relationship

Relationship

CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

I, _____, having declined to make identification through actual viewing of the remains of _____ .
Have chosen to provide the following method to confirm identification of the remains:

Furthermore, I hereby agree to indemnify, and hold Gallaher American Family Funeral Home, its officers, agents, and employees harmless and not liable for any 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.

Signature

Signature

Relationship

Relationship