

# HAYWORTH-MILLER FUNERAL HOME

3315 Silas Creek Parkway  
Winston-Salem, NC 27103  
(336) 765-8181

305 Bethania-Rural Hall Road  
Rural Hall, NC 27045  
(336) 969-5593

141 Smith-Edwards Road  
Kernersville, NC 27284  
(336) 993-2136

108 East Kinderton Way  
Advance, NC 27006  
(336) 940-5555

6685 Shallowford Road  
Lewisville, NC 27023  
(336) 946-1107

## IDENTIFICATION OF BODY FOR CREMATION

Deceased: \_\_\_\_\_

I, the undersigned, hereby certify that I have identified the above decedent by the method listed below (in order of priority):

1. Authorizing agent confirming identity.

2. Next of Kin/ relative.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Representative appointed by the family.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Other personal acquaintance of the deceased.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Identification by photograph. (Attach photocopy of photograph.)

6. Identifying marks (scars, moles, tattoos, etc.): \_\_\_\_\_

7. Hospital or facility identification (arm band, toe tag, etc.)  
(Attach photocopy of item used for identification.)

8. Funeral director/staff member making removal.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

9. Other: \_\_\_\_\_.

I accept responsibility for any liability caused by my misrepresentation or incorrect identification of the above-named decedent.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_