

Harmony Cremation and Funeral Service



Confirmation of Identification Without Viewing

Name of Deceased: _____

Describe Alternative Methods Used to Confirm Identification: _____

Name of Individual Providing Information: _____

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 _____

hereby, agree to indemnify and hold Harmony Cremation & Funeral Service and its officers, directors, shareholders, affiliates, agents, employees, successors and assigns (including attorney's fees and expenses of litigation) brought by any person, firm, or corporation or the personal representative thereof, relation to or arising out of such failure to identify.

Relationship to deceased: _____

Signature: _____

Print Name: _____ Date: _____

Witness: _____ Date: _____