

Heritage Memorial Cremation Society

Venice, Florida

Identification Confirmation Without Viewing

* **Part 1):** To be signed by the family representative and a representative of Heritage Memorial Cremation AND when there is a request NOT to view the deceased after the death has occurred.

* *Additional charges apply for "ID Viewings." Please see our "Addendum Price List"*

Name of Deceased: _____

Reason(s) visual identification not performed: "Desire of the family/Guardian/Personal Representative."

Method(s) used to confirm identification: Photograph, etc.

Name of person providing information: _____

Name of Crematory Representative confirming positive identification:

Signature of Heritage Memorial, Inc. representative:

* **Part 2)** To be completed by authorized Next of Kin or other legally authorized person making arrangements:

I, _____, having declined to make identification through viewing in person the remains of:

_____, hereby agree to indemnify and hold Heritage Memorial, Inc. and its, owners, officers, agents, successors or employees, holds harmless from any and all liabilities, damages, suits, losses or causes of action (including attorney's fees and expenses of litigation), brought by any firm or any corporation or the personal representative thereof, relating to or arising out of any or such failure to identify.

(Signature)

(Relationship to Deceased)

(Print Name)

(Date)