

CONFIRMATION OF IDENTIFICATION WITHOUT A VIEWING

PART 1 - to be completed by a funeral home representative whenever there is no visual ID

Name of the Decedent: _____

Reason visual identification not performed: _____

Method used to confirm identification: _____

Name of person providing information: _____

Funeral Home Rep confirming ID: _____

PART 2- to be completed by the next of kin/ authorized person making arrangements

I/we _____ having declined to perform a visual identification of _____ (Decedent), and hereby agree to indemnify and hold Busch Funeral and Crematory Services and its officers, 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 or the personal representative thereof, relating to or arising out of such a failure to identify.

Relationship to the deceased: _____

Signature: _____

Date: _____

Print name: _____

Relationship to the deceased: _____

Signature: _____

Date: _____

Print name: _____

Relationship to the deceased: _____

Signature: _____

Date: _____

Print name: _____

Relationship to the deceased: _____

Signature: _____

Date: _____

Print name: _____