

**AUTHORIZATION TO PHOTOGRAPH DECEDENT  
FOR VISUAL IDENTIFICATION**

\_\_\_\_\_ (“Undersigned”) is the \_\_\_\_\_ (state relationship) of \_\_\_\_\_ (“Decedent”) and hereby gives express consent to \_\_\_\_\_ Funeral Home & Crematory (“Funeral Home”) to photograph the Decedent so as to positively identify the Decedent pursuant to Ohio Revised Code Sec. 4717.24(B). Any photograph used for purpose of identification will remain with the Decedent’s funeral file and not be published in any manner.

Undersigned acknowledges that he/she has reviewed the attached photograph of the Decedent and can positively identify the Decedent as \_\_\_\_\_.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

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

