



IDENTIFICATION OF DECEASED PRIOR TO CREMATION

PART 1

TO BE COMPLETED BY ASHES TO ASHES REPRESENTATIVE
WHENEVER THERE IS NO VISUAL IDENTIFICATION

NAME OF DECEASED _____

REASON VISUAL IDENTIFICATION NOT PERFORMED _____

DESCRIBE ALTERNATIVE METHODS USED TO CONFIRM IDENTIFICATION (TATTOOS, SCARS, PHOTOS)

NAME OF INDIVIDUAL PROVIDING INFORMATION _____

ASHES TO ASHES REPRESENTATIVE _____

SIGNATURE OF ASHES TO ASHES REPRESENTATIVE _____

PART 2

TO BE COMPLETED BY NEXT OF KIN OR OTHER LEGALLY
AUTHORIZED PERSON MAKING CREMATION ARRANGEMENTS

I, _____, HAVING DECLINED TO MAKE IDENTIFICATION THROUGH ACTUAL VIEWING OF THE REMAINS OF _____, HEREBY AGREE TO INDEMNIFY AND HOLD COMMUNITY MORTUARY SERVICES, LLC. AND ASHES TO ASHES CREMATION AND IT'S OFFICERS, DIRECTORS, SHAREHOLDERS, AFFILIATES, AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS, HARMLESS FROM ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, LOSSES, SUITS, OR CAUSES OF ACTION (INCLUDING ATTORNEY'S FEES AND EXPENSES OF LITIGATION) BROUGHT BY ANY PERSON, FIRM, OR CORPORATION OR THE PERSONAL REPRESENTATIVE THEREOF, RELATING TO OR ARISING OUT OF SUCH FAILURE TO IDENTIFY.

SIGNATURE OF AUTHORIZED PERSON

PRINTED NAME

RELATION TO DECEASED

DATE SIGNED