

# IDENTIFICATION ACKNOWLEDGEMENT

Name of Decedent (the "Decedent") \_\_\_\_\_  
LAST, First Middle  
Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_ Case ID# \_\_\_\_\_  
Name/Loc. # of Funeral Home (the "Funeral Home") Wines Rinaldi Funeral Home 9738

## VISUAL IDENTIFICATION CONFIRMATION

The undersigned, having viewed the remains of the Decedent, does hereby identify the same as the body of the Decedent. Ample time has been given the undersigned to confirm proper identification prior to the execution of this document and by his/her signature below the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for incorrect identification, and does hereby agree to indemnify, defend and hold the funeral home identified above, all its officers, agents and employees, harmless from any and all claims, damages, liabilities and costs (including reasonable attorney's fees) which may arise if this identification is inaccurate.

Name of Person Providing Visual ID \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address City State Zip Code

## Witness of the Identification Procedure

Witnessing of the identification of the decedent must be accompanied by a Funeral Home representative (i.e. funeral director, receptionist, etc.) not by another family member, friend or institutional employees knowing the Decedent.

Funeral Home Representative Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_

## CONFIRMATION OF IDENTIFICATION *WITHOUT VIEWING*

**TO BE COMPLETED BY NEXT-OF-KIN OR OTHER LEGALLY AUTHORIZED REPRESENTATIVE MAKING ARRANGEMENTS:**

I, having declined to make identification through actual viewing of the Decedent, hereby agree to indemnify, defend and hold harmless the Funeral Home its owners and affiliates and their respective officers, directors, employees, agents, successors and assigns from any and all claims, liabilities, damages, losses, costs, expenses 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 any inaccurate identification.

Name of Authorized Representative \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Signature (X) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address City State Zip Code  
Witness Print Name \_\_\_\_\_ Witness Signature \_\_\_\_\_

**TO BE COMPLETED BY FUNERAL HOME REPRESENTATIVE IF VIEWING IS DECLINED BY RESPONSIBLE PARTY:**

Reason Viewing Not Performed Religious Preference  
Describe Alternative Methods Used to Confirm Identification (i.e. recent photographs\*, scars, tattoos) \_\_\_\_\_

Name of Person Providing Information \_\_\_\_\_  
Name of Representative Confirming Identification by Alternative Methods \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**\*ATTACH SUPPORT OF IDENTIFICATION DOCUMENTS TO THIS FORM**