

**IDENTIFICATION
CREMATION AUTHORIZATION
HOLD HARMLESS AGREEMENT**

1. **IDENTIFICATION:** The undersigned, having viewed the remains, does hereby identify the same as the body of _____ .
Ample time has been given the undersigned to assure proper identification prior to the execution of this document, and, by signing same, the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to indemnify and hold the _____ , its officers, agents and employees, harmless from any and all claims, suits or causes of action, including a reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of the identification and request for cremation and disposition of the remains.

2. **AUTHORIZATION TO-CREMATE:** The undersigned hereby authorizes the cremation of the above-described remains and represents that we are the nearest degree of relationship to the deceased, and are legally authorized or charged with the responsibility of disposition of the remains.

In requesting cremation or other form of direct disposition, we acknowledge that such is an irreversible act based upon the positive identification made by the undersigned, and we do hereby authorize cremation of the remains.

3. **DISPOSITION OF REMAINS:** The undersigned requests that the cremated remains be delivered to _____ for final disposition. It is agreed that if arrangements for final disposition of the remains are not made within sixty (60) days, they may be disposed of in a suitable manner by the funeral director or crematory as the case may be.

4. **PACEMAKERS AND MEDICAL DEVICES:** Upon cremation, pacemakers and other similar medical devices may cause injury or damage to crematory personnel or equipment. The undersigned represents that the body of the deceased is free from such potentially dangerous devices and the undersigned agrees to assume responsibility for damage to persons or property and for any claims for damages, including a reasonable attorney's fee for the defense thereof, arising out of the cremation of any such devices contained in the body. In the event that the body does contain such a device, authorization is hereby given for its removal prior to cremation.

Signed: _____ Date: _____

Address: _____ City: _____ State: _____

Relationship: _____

----- *Detach Here* -----

Crematory Release

This is to certify that _____
Funeral Home / Mortuary
has delivered the remains of _____
Name of Deceased
to _____ on _____
Name of Crematory *Date*

Crematory

*Funeral Director or
Designate*