

Fuller Brothers Funeral Home Inc
Everglades Crematorium
Geronimo Mena, Jr. LDD, COO

CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

Part 1: To be completed by Funeral Home Representative when there is no visual identification

Name of Deceased _____

Reason visual identification not performed _____

Describe alternative methods used to confirm identification: photos, scars, tattoos:

Name of person providing information _____

F. H. representative confirming identification _____

Signature of F.H. representative _____

PART 2: To be completed by next of kin or legally authorized person in charge of arrangements:

I, _____, having declined to make identification through actual viewing of the remains of the deceased, hereby agree to indemnify and hold Fuller Brothers Funeral Home Inc and EVERGLADES CREMATORIUM, their 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

Relationship to deceased

Print Name

Date