

AUTHORIZATION FOR VIEWING OF UNEMBALMED BODY

PARTIES:

“REPRESENTATIVE”:

(Name of Representative)

“DECEDENT”:

(Name of Decedent)

RELATIONSHIP OF REPRESENTATIVE:

The REPRESENTATIVE warrants and represents to aCremation that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box).

- Spouse
- Next-of-Kin (Closest Living Relative)
- Personal Representative of the Next-of-Kin with written authorization of Next-of-
- Kin to act on his or her behalf.
- Other: _____

1. AUTHORITY OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

2. AUTHORIZATION: The REPRESENTATIVE authorizes and directs aCremation to arrange for the viewing of the unembalmed body of the DECEDENT by the REPRESENTATIVE and all individuals who are listed on this form and who have agreed to release aCremation from any liability arising out of or related in any way to that viewing.

3. INDEMNIFICATION. The REPRESENTATIVE and each individual listed on the reverse side hereof agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action, including, but not limited to, claims for emotional distress, arising or related in any respect to the viewing of the unembalmed body of the DECEDENT. In the case that any of the individuals listed on the reverse side hereof are minors, their parents or legal representatives have, by listing their names on the reverse side hereof, agreed to indemnify and hold the FUNERAL HOME harmless from any claims or causes of action, including the claim of emotional distress, which may result from the viewing of the unembalmed body of the DECEDENT by a minor.

DATE: _____

SIGNATURE OF REPRESENTATIVE: _____

ADDITIONAL REPRESENTATIVES:

Printed Name	Signature	Relationship to Deceased
_____	_____	_____
_____	_____	_____

LIST OF VIEWERS:

Name

Signature (or in the case of a Minor, the signature of parent)

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