Simply Cremation
& Funeral Arrangements

VERIFICATION OF IDENTIFICATION WITHOUT VIEWING

Name of Deceased: _____Date of Death:_____

Describe Methods Used To Confirm Identification (e.g., photographs, scars, tattoos, etc.):

_____

_____

_____

Photograph Provided (Photo ID or recent snapshot) yes_____ no_____

Other Information:

_____

_____

_____

The undersigned, having declined to make identification through actual viewing of the remains of the above named deceased, hereby authorizes Thompson Funeral Chapel to perform identification verification through the means listed above and agrees to indemnify and hold Simply Cremation, Thompson Funeral Chapel, LifePlan Crematory and its officers, directors, affiliates, and agents harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorneys' 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	Print Name	Relationship to Deceased	Date

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BEFORE ME, THE UNDERSIGNED, A Notary Public, on this day personally appeared _____, known to me to be the person(s) whose name(s) is subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, 20_____.

_____
Notary Public and Legible Stamp