

**PHOTOGRAPH OR ID INDEMNIFICATION**

The undersigned hereby warrants that they have authorized next of kin to:

\_\_\_\_\_ (decedent  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The undersigned hereby confirms that they understand that an identification or photo of the decedent is a privilege.

Further, the undersigned on behalf of themselves, their immediate family and their relatives agrees to hold harmless and to indemnify the Crematory, its employees, parent and successor companies, officers or agents from any/all claims of distress, illness, psychological injury, including claims for emotional distress and any related damages resulting from the identification viewing process, claims, action, liability, costs, agents expenses or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including their immediate family, relatives of the immediate family and relatives of the decedent arising out of any actions taken by the Funeral Home pursuant to the identification viewing or photograph performed on the decedent.

In the case that any of the individuals listed are minors, their parents or legal representatives have, by listing their names on this authorization agree to indemnify and hold the Funeral Home harmless from any claims or causes of action, including any/all claims of distress, illness, psychological injury of emotional distress, which may result from the presence of such minor at the viewing of the decedent.

In the event that this witness authorization is executed by more than one person, the singular shall include the plural, and each shall be jointly and severally liable for all representations and warrants and indemnifications contained in this Indemnification. The person executing this indemnification hereby confirms that they are legally authorized to act on behalf of the group they are representing and will be responsible and hold the Funeral Home harmless for the actions of the group or any member thereof.

Date: \_\_\_\_\_  
\_\_\_\_\_ Person Authorizing Photo or ID

Witnesses:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parents must list minors by name and sign on their behalf.