

REQUEST TO WITNESS THE CREMATION PROCESS

Name of Deceased: _____ Date of Death: _____

The undersigned represents and warrants to be the next of kin of the decedent, or the person with the legal right and authority by law to control the disposition of the above named decedent. and does hereby request to witness the cremation of the above named decedent. The undersigned acknowledge:

- a. the funeral home representative has advised me and informed me of the cremation process
- b. viewing the cremation process can be visually difficult and
- c. viewing the cremation can be emotionally distressful

Having been throughly advised, the undersigned wishes to witness the cremation which will take place on _____ at Music City Crematory Service at _____ AM/PM

In so witnessing , the undersigned agrees to release and forever discharge the funeral home/crematory, it's affiliates officers, employees, agents and representatives from any and all liabilities, losses, damages, and injuries known and unknown, claims of mental and physical distress pr anguish and agrees to defend and indemnify the funeral home from any claims, causes of actions, or suits of any kind that may arise from or in any way are related to the viewing of the deceased.

Signed this _____ day of _____ , _____, at _____

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____