

AUTHORIZATION TO VIEW DECOMPOSED OR TRAUMATIZED HUMAN REMAINS

1. PARTIES:

“FUNERAL HOME”: _____
(Name of Funeral Home)

“AUTHORIZING AGENT”: _____
(Name of Authorizing Agent)-Use reverse side for additional names

“DECEDENT”: _____
(Name of Decedent)

2. RELATIONSHIP OF AUTHORIZING AGENT: The AUTHORIZING AGENT warrants and represents to the FUNERAL HOME that the relationship between the AUTHORIZING AGENT and the DECEDENT is as follows: _____
(Relationship)

3. AUTHORITY OF AUTHORIZING AGENT: The AUTHORIZING AGENT warrants and represents to FUNERAL HOME that the AUTHORIZING AGENT 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 AUTHORIZING AGENT.

4. ADVISORY: The FUNERAL HOME has strongly advised the AUTHORIZING AGENT that due to the state of decomposition or trauma sustained by the DECEDENT, it may be physically upsetting and mentally traumatic for anyone to view the DECEDENT’S remains.

5. AUTHORIZATION: Although acknowledging the advisory set forth in Section 4 above, the AUTHORIZING AGENT authorizes and directs FUNERAL HOME to arrange for the viewing of the un-embalmed and decomposed or traumatized body of the DECEDENT by the AUTHORIZING AGENT and all individuals who are listed on the reverse side hereof and who have agreed to release the FUNERAL HOME from any liability arising out of or related in any way to that viewing.

6. INDEMNIFICATION: The AUTHORIZING AGENT 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 physical illness, mental suffering or emotional distress, arising or related in any respect to the viewing of the decomposed or traumatized 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 physical illness, mental suffering or emotional distress, which may result from the viewing of the decomposed or traumatized body of the DECEDENT by a minor.

The AUTHORIZING AGENT hereby fully releases, acquits and forever discharges the FUNERAL HOME from any and all past, present and future claims, demands, obligations, liabilities, investigations, causes of action and/or suits, of any nature whatsoever, whether in law or in equity, whether direct or indirect, whether suspected or unsuspected, whether known or unknown, which I ever had or now have, hereafter can, shall or may have, against any the

FUNERAL HOME for, upon or by reason of any manner, cause or thing whatsoever, arising from, or in any way related to, the viewing of the DECEDENT'S decomposed or traumatized remains.

Signature of Authorizing

Agent: _____ Date: _____

ADDITIONAL AUTHORIZING AGENTS

<u>Name</u>	<u>Relationship to Decedent</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST OF VIEWERS

<u>Name</u>	<u>Signature</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Or in the case of a Minor, the signature of the parent)