



Cremations America Central Florida

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Website: www.cremationsamericacfl.com

Confirmation of Identification with/without "ID" viewing

I, _____, having declined to make identification through actual viewing of the remains of the deceased, hereby agree to indemnify and hold Cremations America Central Florida and its Agents, employees, successors and assigns harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorney's 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.

Identification has already been made at place of death; No additional ID is needed _____

I hereby acknowledge that I have chosen to view the remains of _____ for identification purposes or witness cremation. **(Additional fee applies if selected)**

A positive identification is a brief period in which confirmation of the identification of the deceased will be made prior to the cremation. This identification should be kept brief not to exceed 15 minutes. **A limit of 1 to 5 family members, or their designated representatives need attend. The identification takes place at the crematory where the deceased will be viewed through a plexi glass window.**

I do hereby agree to indemnify and hold Cremations America Central Florida, LLC and its Agents, employees, and assigns, harmless from any trauma it may cause and all claims, liabilities, damages, losses, suits, or causes of action (including attorney's fees and expenses of litigation) brought by any person, firm, or corporation or the personal representative thereof, relating to or arising out of such action.

The identification will be scheduled during normal business hours: Monday through Friday between 10AM to 2PM.

Crematory: _____ Date and Time: _____

Signatures(s) of the person(s) consenting to:

_____ I have chosen to view / not to view the remains of _____
Name of Deceased

_____ I have chosen to do the witness cremation of the remains of _____
Name of Deceased

Signature Print Name Relationship to Decedent / /
Date

Signature Print Name Relationship to Decedent / /
Date

Witness: _____