

## WITNESS DISCLOSURE ACKNOWLEDGEMENT

The undersigned hereby acknowledge that they have been fully advised by an authorized representative of FLORIDA FUNERAL HOME & CREMATORY concerning the cremation process/ disinterment which will be utilized for the final disposition of \_\_\_\_\_ (Name of Deceased).

I/We understand that the viewing of this process may be emotionally distressful and that FLORIDA FUNERAL HOME & CREMATORY does not recommend observation of this process by family members.

I/We \_\_\_\_\_ (Print Name) being fully advised as to this process state that I/We wish to observe the cremation/ disinterment of \_\_\_\_\_ (Name of Deceased) which is to take place on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ o'clock and agree to release FLORIDA FUNERAL HOME & CREMATORY its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss I/We may sustain in connection with the witnessing of the cremation process/ disinterment.

Date: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_

Authorized representative of crematory / cemetery / funeral home

## WITNESS CREMATION RELEASE OF LIABILITY

I/We the authorized representative(s) of \_\_\_\_\_ (Name of Deceased) hereby authorize the following people to witness the cremation / disinterment. We hereby acknowledge that we have authorized the following people: \_\_\_\_\_ to witness the cremation / disinterment. We hereby acknowledge that we have been advised of the procedures that will be followed and the possible mental or physical stress the witnessing of this procedure may cause, and hereby agree to hold FLORIDA FUNERAL HOME & CREMATORY harmless from all liability as a result of this request.

Date: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_

Authorized representative of crematory / cemetery / funeral home