

VISUAL IDENTIFICATION ACKNOWLEDGEMENT

The undersigned, having viewed the remains, does hereby identify the same as the body of:

_____ ample time has been given the undersigned to assure proper identification prior to the execution of this document and by signing same, the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for incorrect identification and does hereby agree to Indemnify, defend and hold the funeral home identified below and its officers, agents and Employees, harmless from any and all claims, damages, liabilities and cost (including reasonable attorneys' fees) which may arise if this identification is inaccurate.

SIGNED: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO DECEASED: _____

FLORIDA FUNERAL HOME

(Witness By)

(Date)