



AUTHORIZATION, DISCLOSURE, AND RELEASE FOR VIEWING

Date: _____ Name of Deceased: _____

I/We hereby acknowledge that the above named deceased will not be embalmed.

I/We have requested viewing of the deceased and understand that it has been recommended by the funeral home that there not be any viewing of the deceased due to the condition of the deceased.

Additionally, if there is viewing there may be visible blood, odor of decomposition, fluid leakage, swelling of tissues, sunken eye sockets, cuts and lacerations, skin slippage and darkness or green color of tissues present. I/We also acknowledge that plastic will be used to cover most parts of the deceased to control leakage. I/We acknowledge that the deceased will not look life like and the appearance of the deceased is markedly changed due to advanced decomposition.

I/We hereby unconditional release _____ Its affiliates and their agents, employees and assigns, and hold harmless the above named funeral home, mortuary or crematory from any and all loss, damages, liability or causes of action, including attorney fees and expenses of litigation in connection with the viewing of above named deceased.

I/We therefore state that I/We am/are the immediate surviving family member(s) and am/are otherwise empowered and authorized to execute this authorization and release. By signing this document, the undersigned warrants and agrees that no statements have been made by the above named funeral home, mortuary or crematory or its agents or employees as to the acceptable appearance of the above named deceased other than so stated herein. I/We have read and fully understand the nature of this document and hereby sign such document as follows:

Signed: _____ Print Name: _____

Relationship: _____

Signed: _____ Print Name: _____

Relationship: _____

Signed: _____ Print Name: _____

Relationship: _____

Funeral Home Representative _____

Print Name _____