



1289 Forest Avenue Staten Island, NY 10310
(718) 887-8168

CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

PART I. TO BE COMPLETED BY FUNERAL HOME REPRESENTATIVE WHENEVER
THERE IS NO VISUAL IDENTIFICATION

Name of Deceased: _____

Reason visual identification not performed: _____

Describe alternative methods used to confirm identification (e.g., photographs, scars, tattoos,
etc.): _____

Name of individual providing information: _____

Name of funeral home representative confirming information: _____

Signature of funeral home representative: _____

Part II. TO BE COMPLETED BY NEXT OF KIN OR OTHER LEGALLY AUTHORIZED
PERSONS MAKING ARRANGEMENTS

I, _____, having declined to make identification through actual viewing
of the remains of _____ hereby agree to indemnify and hold **All Boro
Cremation Services** and its officers, directors, shareholders, affiliates, agents, employees,
successors, and assigns harmless from any and all claims, liabilities, damages, losses, suits or
causes of action (including attorneys' 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.

(Signature)

(Relation to Deceased)

(Print Name)

(Date)