



818 US Highway 1, Suite 4
North Palm Beach, Florida 33408
(561) 747-9883

VERIFICATION OF IDENTIFICATION WITHOUT VIEWING

Name Of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Describe Methods Used To Confirm Identification (e.g., photographs, scars, tattoos):

[ ] Photograph Provided (Photo ID or recent snapshot)

[ ] Other: \_\_\_\_\_

The undersigned, having declined to make identification through actual viewing of the remains of the above named deceased, hereby authorizes Avatar Cremation Services to perform identification verification through the means listed above and agrees to indemnify and hold Avatar Cremation Services and its officers, directors, affiliates, and agents 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.

Sign Here and Fill-In Your Information

(Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Relationship to Deceased) \_\_\_\_\_

Witness/Cremation Service Representative:

\_\_\_\_\_ Date: \_\_\_\_\_
Print Name

NOTARY

Signature Must be Notarized

(Required if document is not witnessed by the Cremation Service Representative)

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_,

who is/are personally known to me or who has/have produced the following as identification:

Type of Identification : \_\_\_\_\_

Signature of person taking acknowledgement
Notary Seal (Rubber Stamp and Expiration)