

AUTHORIZATION FOR VIEWING OF NON-RESTORED BODY

1. **PARTIES:**

"FUNERAL HOME": _____

(Name of Funeral Home)

"REPRESENTATIVE": _____

(Use Reverse Side
for Additional Names)

(Name of Representative)

"DECEDENT": _____

(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the FUNERAL HOME that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box)

Spouse

Next-of-Kin (Closest Living Relative)

Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.

Other: _____

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **AUTHORIZATION:** The REPRESENTATIVE authorizes and directs the FUNERAL HOME to arrange for the viewing of the non-restored body of the DECEDENT by the REPRESENTATIVE and all individuals who are listed on the reverse side hereof and who have agreed to release the FUNERAL HOME from any liability arising out of or related in any way to that viewing.

5. **INDEMNIFICATION:** The REPRESENTATIVE and each individual listed on the reverse side hereof agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action, including, but not limited to, claims for emotional distress, arising or related in any respect to the viewing of the non-restored body of the DECEDENT. In the case that any of the individuals listed on the reverse side hereof are minors, their parents or legal representatives have, by listing their names on the reverse side hereof, agreed to indemnify and hold the FUNERAL HOME harmless from any claims or causes of action, including the claim of emotional distress, which may result from the viewing of the non-restored body of the DECEDENT by the minor.

DATE:

REPRESENTATIVE SIGNATURE:

ADDITIONAL REPRESENTATIVES

Name

Relationship to Decedent

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST OF VIEWERS

Name

**Signature (or in the case of a
minor, the signature of parent)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use Additional Sheet if necessary.)