

IDENTIFICATION OF DECEDENT BY INSTITUTION

1. **PARTIES:**

“FUNERAL HOME”:
(Name of Funeral Home)

“INSTITUTION”:
(Name of Institution)

“DECEDENT”:
(Name of Decedent)

2. **NATURE OF INSTITUTION:** The INSTITUTION warrants and represents to the FUNERAL HOME that it is as follows: (Check the appropriate box).

- Hospital
- Nursing Home
- Medical Examiner or Coroner’s Office
- Other:

3. **IDENTIFICATION BY INSTITUTION:** The INSTITUTION warrants and represents to FUNERAL HOME that a representative of the INSTITUTION has undertaken the necessary actions to positively identify the remains being transferred to FUNERAL HOME as the remains of the DECEDENT.

4. **INDEMNIFICATION:** The INSTITUTION acknowledges that the FUNERAL HOME is relying upon the accuracy and truthfulness of the representations and warranties of INSTITUTION made above. The INSTITUTION agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to the identification of the DECEDENT and FUNERAL HOME’s reliance thereon.

DATE:

**SIGNATURE OF REPRESENTATIVE OF
INSTITUTION**
