

# RELEASE AND INDEMNIFICATION ON VIEWING AND HANDLING OF DISINTERRED REMAINS

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. **ACKNOWLEDGEMENT OF REPRESENTATIVE:** The remains of the DECEDENT will be disinterred. Prior to re-interment, REPRESENTATIVE wishes to view, re-dress and otherwise handle the disinterred remains of DECEDENT. The REPRESENTATIVE acknowledges and agrees that the FUNERAL HOME has warned REPRESENTATIVE and those individuals listed on the reverse side hereof that the viewing and handling of the disinterred remains can result in physical illness and emotional distress to viewers and that no assurances can be made regarding the condition of the remains, casket or vault.

4. **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 physical or emotional distress, arising or related in any respect to the viewing or handling of the disinterred remains 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 or handling of the disinterred remains of the DECEDENT by the minor.

**DATE:**

**REPRESENTATIVE SIGNATURE:**

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL REPRESENTATIVES**

<b><u>Name</u></b>	<b><u>Relationship to Decedent</u></b>	<b><u>Signature</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST OF VIEWERS**

<b><u>Name</u></b>	<b><u>Signature (or in the case of a minor, the signature of parent)</u></b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use Additional Sheet if necessary.)