

Allen-Summerhill Funeral Homes, Inc.



126 East New York Avenue, DeLand
(386) 734-4663

Mailing Address:
P.O. Box 1527
DeLand, Florida 32721-1527



163 South Volusia Avenue, Orange City
(386) 775-4664

CONFIRMATION OF IDENTIFICATION WITHOUT VIEWING

Part 1 - To be completed by Funeral Home Representative whenever there is no Visual Identification.

NAME OF DECEASED: _____

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

Reason visual identification not performed: _____

Name of individual providing information: _____

Relationship to the deceased: _____

Name of Funeral Home representative confirming identification: _____

Signature of Funeral Home representative: _____

Part 2 - To be completed by Next-of-Kin of other legally authorized person making arrangements.

I, _____, declined to make identification through actual viewing of the remains of _____, hereby agree to indemnify and hold *Allen-Summerhill Funeral Homes, Inc.* and its officers, directors, shareholders affiliated, agents, employees, successors and assigns harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorney's fees and expenses of litigation) brought by person, firm or corporation of the personal representative thereof, relating to or arising out of such failure to identify.

Signature

Relationship to deceased

Print Name

Date