## Cremation Authorization Addendum/Facsimile Authorization/ Confirmation of Identification

l,	(hereafter known as "Authorizing Agent") hereby warrant and
certify that I am legally permitted	d to authorize the cremation of
(hereafter known as "deceased")	
Part 1. Cremation Authorization	<u>via Facsimile</u>
upon receipt sent by facsimile tra warrant that I will arrange for the	Borden Cremation Service to cremate the remains of the deceased ensmission or other means of electronic communication. I further e original of this document that bears my actual signature to be rn Cremation Society without delay.
Part.2. Confirmation of Identifica	ation (choose one)
I decline to make identific	ation of the deceased through actual viewing of the remains.
☐ I wish to view the decease	ed prior to cremation and confirm identification.
(Funeral Home Representative) <i>A</i> scars, tattoos):	Alternative method used to confirm identification (e.g. photographs,
Part 3. <u>Hold Harmless Agreemen</u>	<u>ıt</u>
its officers, directors, shareholde all claims, liabilities, damages, los litigation) brought by any person or arising out of such failure to id	gree to hold Borden Cremation Service and Southern Cremation Society, rs, affiliates, agents, employees, and successors, harmless from any and sses, suits or causes of action (including attorney's fees and expenses of , firm or corporation, or the personal representative thereof, relating to lentify and to fully indemnify for any such action based upon facsimile ally reproduced copies of this form.
Signature of Authorizing Agent	
Name:	Signature:
	City, State, Zip Code:
Telephone #:	Relationship to Deceased:
	(To be completed by Notary Public)
State of	County of
Subscribed, sworn to and acknow	vledged before me, a Notary Public, by,
	, 20 My commission expires
<del></del> , <del></del>	ID#
	Notary's Signature

Fax to: 502 449-9600