



RELEASE OF REMAINS AUTHORIZATION

The undersigned hereby warrants they are a relative of, or the party authorizing cremation services for _____ (“decedent”), whose body is presently located on the premises of _____ (“Funeral Home”) or _____ (“Hospital”) or _____ (“Crematory”).

The undersigned, further confirms that they have requested Universal Casket & Cremation to remove the body of the decedent from its current location and transport the remains into Universal’s care. The deceased will be transported to Universal’s crematory located at 17664 Chain Lake Street, Cassopolis, Michigan 49031.

The undersigned assumes all liability for incorrectly identifying the body and does hereby agree to indemnify and hold harmless Universal Casket and Cremation from any claims or causes of action arising or related in any respect to the undersign’s act of identification to identify the remains of the decedent.

I (We) hereby acknowledge that we have read this Identification of Remains Confirmation, Release, Indemnification and Hold Harmless Agreement and understand its terms. I (We) have executed this instrument voluntarily and with full knowledge of its significance.

DATE: _____

Authorizing Agent

Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Accepted by Universal Casket & Cremation

By: _____

It’s Authorized Representative