

IDENTIFICATION OF REMAINS TO BE CREMATED

Name of Decedent: _____

Date of Death: _____ Time of Death: _____

The undersigned, having viewed the remains, do hereby identify the same as the above named decedent. The undersigned do further state that they assume all responsibility and/or liability for mistaken or incorrect identity. The undersigned do hereby agree to indemnify and hold harmless the funeral home, its officers, agents, employees and crematory's officers, agents and employees from any and all claims, causes of action including a reasonable attorney's fee for the defense thereof arising out of their act of identification of deceased human remains or failure to identify human remains to be cremated.

Signed: _____

Signed: _____

Relationship: _____

Relationship: _____

Witness: _____

APPLICABLE LAWS PERTAINING TO IDENTIFICATION PRIOR TO CREMATION

Vital Statistics Laws of Virginia, Title 32.1, Chapter 8, Article 4, 32.1-307. Prerequisites for cremation: No dead body shall be cremated without (i) permission of the medical examiner as required by 32.1-284 and (ii) either visual identification of the deceased by the next of kin or their representative, or (11) twenty-four hour waiting period between the time of death and the cremation.

Maryland Law (Chapter 54, Acts of 1976; Maryland Code, Article 43, Section 3678) states that a deceased human body may not be cremated until it has been identified by either the next of kin, the person authorized to make the funeral arrangements or the Medical Examiner. This does not apply to disposition of bodies by any school of anatomy, medicine or dentistry. Maryland Law (Chapter 54, Acts of 1976; Maryland Code, Article 43, Section 367A) states that a deceased human body may not be cremated until 12 hours after death.

Washington, D.C. Law requires that the completed death certificate of a decedent to be cremated be presented to the Office of the Chief Medical Examiner for review and approval. Approval is indicated via the certificate being stamped "Cremation Approved" with the signature of medical examiner on the death certificate.

For Funeral Home Use

Decedent is enclosed in: Type of container _____

Return cremains in: ___ Temporary Cardboard Container ___ Temporary Plastic Container ___ Other

Medical Examiner Approval Obtained: Name of M.E. _____ Date/Time: _____

Disposition of Cremains: ___ Funeral Home Pick-up

___ Crematory Deliver Return by: Date: _____ Time: _____

___ Mail to: _____

___ Release cremains to: Name _____ Relationship _____

___ Crematory Charges ___ Check ___ Cash ___ Bill Funeral Home