

Guiding Light Cremations

Geronimo Mena Jr. L.D.D.

ASSURANCE OF IDENTITY

PART 1: To be completed by next of kin or legally authorized person in charge of arrangements:

I, _____, decline to make a visual identification through actual viewing of the remains, and consequently hereby agree to indemnify and hold Guiding Light Cremations and Everglades Crematorium of West Park, Florida, their officers, directors, shareholders, affiliates, agents, employees, successors and assignees harmless from any and all claims, liabilities, damages, losses, suits or causes of action (including attorney's fees and expenses of litigation) brought by any person, firm or corporation or the personal representative thereof, relating to or arising out of such failure to identify:

Authorizing Signature

Relationship to deceased

Printed Name of Person Authorizing

Date

NAME OF DECEASED

Date of Death

PART 2: To be completed at Everglades Crematorium to assure identity has been performed prior to cremation:

NOTE: Methods used to provide identification: Assurance of Identity through Chain-of-command initiated at place of death; hospital tags, Medical Examiner I.D. bands & bracelets, nursing home identification procedures, toe tagging, releasing agent/personnel; Crematory Removal Personnel identification tagging, crematorium logging upon arrival to crematorium, etc.

Method used to assure identity _____

Guiding Light Representative assuring identity _____

Signature of Representative _____

Date of Assurance _____

Guiding Light Cremations and Everglades Crematorium are Members of CANA,
The Cremation Association of North America