**Sample documentation of Visual Identification**

**Insert name address and funeral home logo here.**

**I (executor/immediate next of kin) have been given the opportunity** **to personally view and verify the identity of the above deceased (name of deceased), and or a representative I have chosen,** **(as per the order of priority as outlined in Section 36 of the Funeral Services Act General Regulation) according to the policy and best practice of named funeral establishment (****funeral home name, address and location). The verification and identification of (name of deceased) has been/will be completed.**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Executor/immediate next of kin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Licensed Funeral Director or Embalmer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insert name address and funeral home logo here.**

**I (****executor/immediate next of kin) hereby decline the opportunity to view and verify the identity of deceased person (name of deceased). I designate the licensed funeral director (name of licensed funeral director or embalmer) of (funeral home name, address and location) to make the identification of (name of deceased) on my behalf with the assistance of Photo verification provided to the funeral home by myself (executor/immediate next of kin) (as the designated person in care of the arrangements for the deceased and the deceased’s estate (as per the order of priority as outlined in Section 36 of the Funeral Services Act General Regulation)**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Executor/immediate next of kin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Licensed Funeral Director or Embalmer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insert name address and funeral home logo here.**

**I (executor/immediate next of kin) hereby choose to decline to personally view and verify the identity of the (name of deceased). I hereby waive such identification and I accept the responsibility and liability that no such identification of the deceased (name of deceased) (as per the order of priority as outlined in Section 36 of the Funeral Services Act General Regulation) was made. I release all responsibility and/or liability of the funeral home (funeral home name, address and location) its owners and employees.**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Executor/immediate next of kin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Licensed Funeral Director or Embalmer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**