

ELECTION NOT TO IDENTIFY BY ACTUAL VIEWING OF REMAINS

I,	, h	aving declined to m	nake identification through
actual viewing of the ren	nains of		my
	(relationship)	hereby hold Coloni	al Funeral Homes Inc. and
it's officers, directors, share			
harmless from any and all	claims, liabilities,	damages, losses, s	uits, or causes of action,
(Including attorney's fees and	l expenses of litigat	ion) brought by any	person, firm or corporation
or personal representatives the	hereof, relating to	or arising out of s	uch failure to identify the
deceased remains of:		·	
I do state and declare that I v deceased however have electe		nad the legal right	to view the remains of the
Signed:		Date: _	
Address:			
Witnessed By:			
(Please Print)	Name)		(Signature)

TEL: (718) 351-5858 FAX: (718) 351-8270