

### IDENTIFICATION OF DECEDENT

			Case ID#
Decedent	First Name	Middle Name	Last Name

### VISUAL IDENTIFICATION

The undersigned, having visually identified the human remains in the presence of a staff member, does hereby identify the human remains as those of the Decedent. Ample time has been given the undersigned to confirm identification prior to the execution of this document and by his or her signature below, the undersigned acknowledges that there is no doubt or question about the identification.

The undersigned assumes all liability for incorrect identification, and does hereby agree to indemnify, defend and hold harmless Bism Rabbik Foundation, Inc., its owners, affiliates, subsidiaries, its and their officers, directors, employees, agents and assigns from any and all claims, damages, liabilities, losses, costs, expenses or causes of action (including reasonable attorney's fees and expenses of litigation) which may arise if this identification is inaccurate.

Name of Witness	Relationship to Decedent	
Signature of Witness	Date	
Address, City, State, Zip Code		
Name of Staff Member	Signature of Authorized Staff Member	Date

### VISUAL IDENTIFICATION DECLINED

The undersigned, having declined to identify the human remains in the presence of a staff member, does hereby agree to indemnify, defend and hold harmless Bism Rabbik Foundation, Inc., its owners, affiliates, subsidiaries, its and their officers, directors, employees, agents and assigns from any and all claims, damages, liabilities, losses, costs, expenses or causes of action (including reasonable attorney's fees and expenses of litigation) which may arise if this identification is inaccurate.

Name of Witness	Relationship to Decedent	
Signature of Witness	Date	
Address, City, State, Zip Code		
Name of Staff Member	Signature of Authorized Staff Member	Date

### TO BE COMPLETED BY PERSON CONFIRMING IDENTIFICATION OF DECEDENT IF VISUAL IDENTIFICATION IS DECLINED BY WITNESS

Reason Visual Identification Not Performed

Alternative Methods Used to Confirm Identification (recent photographs\*, scars, tattoos):

Name of Person Providing Information	Relationship to Decedent	
Signature of Person Providing Information	Date	
Name of Staff Member	Signature of Authorized Staff Member	Date

\* Attach supporting identification documents to this form.