## Cremation Authorization Addendum/Facsimile Authorization/ Confirmation of Identification

	_ (nereafter known as Authorizing Agent ) nereby warrant and
certify that I am legally permitted t (hereafter known as "deceased").	o authorize the cremation of
(Herearter Kilowii as deceased ).	
Part 1. Cremation Authorization v	<u>ia Facsimile</u>
upon receipt sent by facsimile tran warrant that I will arrange for the c	orden Cremation Service to cremate the remains of the deceased smission or other means of electronic communication. I further original of this document that bears my actual signature to be nation Society of Kentucky without delay.
Part. 2. Confirmation of Identifica	tion (Choose one)
☐ I decline to make identifica	tion of the deceased through actual viewing of the remains.
I wish to view the decease	d prior to cremation and confirm identification.
(Funeral Home Representative) Alt	ternative method used to confirm identification (e.g. photographs,
Part 3. <u>Hold Harmless Agreement</u>	
Kentucky, its officers, directors, sha from any and all claims, liabilities, o and expenses of litigation) brought thereof, relating to or arising out o	the to hold Borden Cremation Service and The Cremation Society of Bareholders, affiliates, agents, employees, and successors, harmless damages, losses, suits or causes of action (including attorney's fees by any person, firm or corporation, or the personal representative if such failure to identify and to fully indemnify for any such action or other electronically reproduced copies of this form.
Signature of Authorizing Agent	
	Signature: City, State, Zip Code: Relationship to Deceased:
	(To be completed by Notary Public)
State of	
	edged before me, a Notary Public, by
	, 20 My commission expires
	ID#

Fax to: 502-899-1517

Notary's Signature