

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

I, \_\_\_\_\_ (hereafter known as "Authorizing Agent") hereby warrant and certify that I am legally permitted to authorize the cremation of \_\_\_\_\_ (hereafter known as "deceased").

**Part 1. Cremation Authorization via Facsimile**

As Authorizing Agent, I authorize Borden Cremation Service and Cremation Society of Kentucky to cremate the remains of the deceased upon receipt sent by facsimile transmission or other means of electronic communication. I further warrant that I will arrange for the original of this document that bears my actual signature to be immediately delivered to The Cremation Society of Kentucky without delay.

**Part. 2. Confirmation of Identification** (Choose one)

- I decline to make identification of the deceased through actual viewing of the remains.
- I wish to view the deceased prior to cremation and confirm identification.

(Funeral Home Representative) Alternative method used to confirm identification (e.g. photographs, scars, tattoos): \_\_\_\_\_

**Part 3. Hold Harmless Agreement**

As Authorizing Agent, I hereby agree to hold Borden Cremation Service and The Cremation Society of Kentucky, its officers, directors, shareholders, affiliates, agents, employees, and successors, 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 and to fully indemnify for any such action based upon facsimile transmission or other electronically reproduced copies of this form.

**Signature of Authorizing Agent**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

(To be completed by Notary Public)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me, a Notary Public, by \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_.

ID# \_\_\_\_\_

Notary's Signature

**Email: [kcollier@kycremation.com](mailto:kcollier@kycremation.com)**

**OR Fax: (502) 899-1517**