

Authorization to Obtain Handprint or Fingerprints

1. **PARTIES:**

FUNERAL HOME _____
(Name of Funeral Home)

REPRESENTATIVE _____
(Use Reverse Side (Name of Representative)
for Additional Names)

DECEDENT _____
(Name of Decedent)

2. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to FUNERAL HOME that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

3. **AUTHORIZATION TO OBTAIN HANDPRINT OR FINGERPRINTS:** The REPRESENTATIVE authorizes the FUNERAL HOME to obtain from the remains of the DECEDENT all of the items check-marked below. All prints will be taken from the right hand of the DECEDENT unless the REPRESENTATIVE instructs otherwise below:

- Thumbprint Take prints from left hand.
- All Fingerprints Funeral home to select hand to maximize print image
- Handprint
- Other: _____

4. **METHOD TO OBTAIN PRINTS:** The FUNERAL HOME has indicated below the method the FUNERAL HOME will use to acquire the prints designated in Section 3:

- Ink Method Electronic Device
- Other: _____

5. **REASONS FOR AUTHORIZATION:** The REPRESENTATIVE is directing the FUNERAL HOME to obtain the fingerprint(s) and/or handprint of the DECEDENT for the following reason (initial all lines that are applicable):

<u>Initials</u>	<u>Reasons</u>
_____	<u>Memorial:</u> For the purpose of creating a memorial item containing the fingerprint(s) and/or handprint of the DECEDENT (Prints to be maintained in FUNERAL HOME's files or in a secure electronic storage device)

_____ Identification: To authorize the FUNERAL HOME to identify the DECEDENT's remains and to maintain the fingerprint image in a secure website or file system.

_____ Other: Requested by REPRESENTATIVE solely for the following purpose(s) stated fully below (**the fingerprints and/or handprint to be provided to REPRESENTATIVE, who will be solely responsible for all prints**):

5. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to the following: (1) the directions to obtain fingerprint(s) and/or handprint from the DECEDENT; (2) the distribution or other use of the fingerprint(s) and/or handprint by the REPRESENTATIVE or his or her agents or other representatives.

Date

Signature of Representative

ADDITIONAL AUTHORIZING REPRESENTATIVES

<u>Name</u>	<u>Relationship to Decedent</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____