



F u n e r a l & C r e m a t i o n
M e m o r i a l C e n t e r s

Serving New York and New Jersey

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ELECTION NOT TO IDENTIFY BY ACTUAL VIEWING OF REMAINS

I, _____, having declined to make identification through actual viewing of _____ my _____
(Name of the Deceased) (Relationship)

hereby hold Flynn Funeral & Cremation Memorial Centers, and it's officers, directors, shareholders, affiliates, agents, employees, successors, and assigns harmless from any and all claims, liabilities, damages, losses, suits or caused of action (Including attorney's fees and expense of litigation) brought by any person, firm or corporation or personal representative thereof, relating to or arising out of such failure to identify the deceased remains of:

(Name of the Deceased)

I do state and declare that I was informed that I had the legal right to view the remains of the deceased however I have elected not to.

Signed: _____ Date: _____

CLOSED CASKET/CREMATION CONTAINER AUTHORIZATION

The authorizing family member or agent of the deceased does hereby direct that Flynn Funeral & Cremation Memorial Centers, shall conduct the funeral service (cremation service) of the deceased with the casket or alternate container in a closed position. I (We) realize that I (We) have the right to view the remains of the deceased at any time during the services. I hereby direct and order that Flynn Funeral & Cremation Memorial Centers, maintain the casket or alternative container in a closed position during the funeral process and hereby hold Flynn Funeral & Cremation Memorial Centers, and it's officers, directors, shareholders, affiliates, agents, employees, successors and assigns harmless from any and all claims, liabilities, damages, losses, suits or causes of action (Including attorney's fees and expense of litigation) brought by any person, firm or corporation or personal representative thereof, relating to or arising out of such authorization and request to a hold a closed positioned service.

(Name of Authorizing Agent) (Signature) (Date)

Witnessed By:

(Name of Witness) (Signature) (Date)