



Complete Care  
CREMATION

## AUTHORIZATION FOR VIEWING OF UNEMBALMED BODY

**PARTIES:**

“REPRESENTATIVE”: \_\_\_\_\_  
(name of representative)

“DECEDENT”: \_\_\_\_\_  
(name of decedent)

**RELATIONSHIP OF REPRESENTATIVE:**

The REPRESENTATIVE warrants and represents to Complete Care Cremation, LLC that the relationship between the REPRESENTATIVE and the DECEDENT is as follows:

- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Legal Next of Kin
- \_\_\_\_\_ Personal representative of the Legal Next of Kin with written authorization.
- \_\_\_\_\_ Other: \_\_\_\_\_

1. **AUTHORITY OF THE REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to Complete Care Cremation, LLC that the REPRESENTATIVE is the person of the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.
2. **AUTHORIZATION:** The REPRESENTATIVE authorizes and directs Complete Care Cremation, LLC to arrange for the viewing of the unembalmed body of the DECEDENT by the REPRESENTATIVE and all individuals who are listed on this form and who have agreed to release Complete Care Cremation, LLC from any liability arising out of or related in any way to that viewing.
3. **INDEMNIFICATION:** The REPRESENTATIVE and everyone listed on the reverse side hereof agrees to indemnify and hold harmless Complete Care Cremation, LLC from and claims or causes of action, including, but not limited to, claims for emotional distress, arising or related in any respect to the viewing of the unembalmed body of the DECEDENT. In the case that any of the individuals listed on the reverse side hereof are minors, their parents or legal guardian have, by listing their names on the reverse side hereof, agreed to indemnify and hold Complete Care Cremation, LLC harmless from any claims or causes of action, including the claim of emotional distress, which may result from the viewing of the unembalmed body of the DECEDENT by a minor.

DATE: \_\_\_\_\_

SIGNATURE OF REPRESENTATIVE: \_\_\_\_\_

**ADDITIONAL REPRESENTATIVES:**

Printed Name	Signature	Relationship to Deceased
_____	_____	_____
_____	_____	_____

