

Viewing Disclosure Acknowledgement

The undersigned hereby acknowledges that they have been fully advised by an authorized representative of **LifePlan Crematorium Inc.** concerning the cremation process/disinterment which will be utilized for the final disposition of _____
(name of deceased)

I/We understand that the viewing of this process may be emotionally stressful and that **LifePlan Crematorium Inc.** does not recommend observation of this process by family members.

I/We _____ being fully advised as to this process state that I/We wish to observe the cremation/disinterment of
(print name)

_____ which is to take place on the _____ day of _____,
(name of deceased)

20 _____ at _____ o'clock, and agree to release **LifePlan Crematorium Inc** its agents and employees from

any and all liability including reasonable attorney's fees, and against any loss I/We may sustain in connection with the viewing of the cremation process/disinterment.

Date: _____

(Signature)

Witness: _____

(Signature)

Authorized Representative of Cemetery

Witnessing Cremation Release of Liability

I/We the authorized representative(s) of _____ hereby authorize the
(name of deceased)

people to witness the cremation/discernment. We hereby acknowledge that we have been advised of the procedure that will be followed and the possible mental or physical stress of witnessing of this procedure may cause, and hereby agree to hold **LifePlan Crematorium Inc** harmless from all liability as a result of this request.

Date: _____

(Signature)

Witness: _____

(Signature)

Authorized Representative