

Salem Funeral & Cremation Services, LLC
120 S. Main Street
Winston-Salem, NC 27101

IDENTIFICATION ACKNOWLEDGEMENT

**I have viewed and positively identified the human
remains of the decedent to be**

On this the _____ day of _____, 20____ at Salem Funeral Home.

I, the undersigned, hereby certify that I have identified the above decedent by the method listed below:

____ Next of kin of the deceased. Relationship: _____

____ Relative. Relationship: _____

____ Representative appointed by the family.

____ Other personal acquaintance of the deceased.

____ Identification by photograph. (Attach photocopy of photograph.)

____ Identifying marks (scars, moles, tattoos, etc.)

____ Hospital or facility identification (arm band, toe tag, etc.)
(Attach photocopy of item used for identification.)

The undersigned assumes all liability for correct identification, and does hereby agree to indemnify, defend and hold the funeral home identified above and its officers, agents and employees, harmless from any and all claims, damages, liabilities and cost (including reasonable attorney's fees) which may arise if this identification is inaccurate.

Signature: _____ Name: _____

Date: _____ Witness: _____