

**CREMATION IDENTIFICATION, WITNESS
AND/OR SCHEDULE ACKNOWLEDGMENT AND RELEASE**

The Undersigned has/have indicated through a properly executed Cremation Authorization and Disposition Form that they wish to Identify, Witness and/or Schedule the Cremation of Decedent. As part of the Witness and or Scheduling of the Cremation Process:

_____ The Undersigned hereby has viewed and positively identified the Decedent
(Initials) as: _____;

_____ Decedent is scheduled for cremation on or by _____ at _____.
(Initials) Date Time

_____ The Undersigned chose to watch the crematory operator place the body of Decedent into the
(Initials) cremation chamber as requested on the Cremation Authorization Form. Undersigned
acknowledge that the placing of the Decedent involves placing the remains into the cremation
chamber while the body is enclosed in a proper cremation container.

_____ The Undersigned chose to schedule the time of the cremation and request that they be notified
(Initials) prior to the actual cremation. Undersigned acknowledge that the crematory will make its best
effort to notify the Undersigned prior to the cremation but if the Undersigned is not available, then
the crematory may proceed with the cremation process.

Undersigned acknowledge(s) that Busch Funeral and Crematory Services is making a special arrangement on his/her behalf to permit these options.

Undersigned agree(s) to hold harmless, release and indemnify Busch Funeral and Crematory Services, its employees, parent and successor companies, officers, agents, for any and/all distress, illness, psychological injury, including claims for emotional distress and any related damages resulting from viewing the process.

NAME (Undersigned)	SIGNATURE	RELATIONSHIP	DATE