



17324 Sunshine Trail Sabillasville, MD 21780

Phone: (877)-939-2876

Email: monvalleycs@gmail.com

INSTRUCTIONS TO THE AUTHORIZING AGENT(S):

- (1) Print, complete, and sign this form.
(2) Scan and email the completed form to both the Delegate named below and to Cremation Society of Monocacy Valley.
Please attach a recent photo of the deceased (if available) to assist the Delegate in making the identification.

INSTRUCTIONS TO THE NAMED DELEGATE:

- (1) If the decedent named below is already in Cremation Society's custody, call the Cremation Society as soon as possible to schedule an in-person identification of the body.
(2) Perform the in-person identification and sign the Identification form provided by Cremation Society of Monocacy Valley.

DELEGATION OF AUTHORITY FOR IDENTIFICATION BEFORE CREMATION

Full Name of Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Identifying Features of Deceased: \_\_\_\_\_

I (we), the undersigned, certify that I (we) have the status initialed by the undersigned below regarding the aforementioned decedent (Initial one):

\_\_\_\_\_ I/we are the closest living next-of-kin with full legal right of disposition of the above named deceased. As such we hereby assign authority to the delegate named below to identify the above named deceased in accordance with applicable law and regulation on our behalf.

\_\_\_\_\_ I, in good faith have either attempted to contact known parties who would have legal right of disposition to no avail OR have no knowledge of any living next of kin willing to take responsibility for final disposition. I therefore accept responsibility for the disposition of the above named deceased and in doing so possess full legal authority to execute this delegation to the person below named to identify on my behalf the above named deceased.

Delegate's Name: Phone number: Address:
Colt M. Black 240-288-1300 17324 Sunshine Tr. Sabillasville, MD 21780

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the above-named Delegate as well as Cremation Society of Monocacy Valley, and its affiliates, officers, agents and employees from any and all claims, demands, or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation arising as a result of, based upon or connected with this Delegation of Authority, including failure to properly identify the above- named decedent, unpleasant sights or odors experienced by the person identifying the above-named decedent, claims brought by any other person(s) claiming the right to control the disposition of the above-named decedent, or any other action performed by the above- named Delegate, Cremation Society of Monocacy Valley, or its affiliates, officers, agents, or employees, pursuant to this delegation, excepting only acts of gross negligence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_
Relationship to decedent: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(2nd signer, if applicable :)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_
Relationship to decedent: \_\_\_\_\_