

# WITNESS AUTHORIZATION FORM

OHIO VAULT WORKS CREMATORY, LLC

The Funeral Home and all witnesses listed below hereby warrant that permission has been granted by the agent(s) authorizing the cremation of \_\_\_\_\_ for the undersigned to take part in the viewing ceremony, as noted on the Cremation Authorization and Disposition Form. The undersigned request permission from Ohio Vault Works Crematory to witness the cremation services of the Decedent, to be held at the Crematory on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The undersigned hereby confirms that they understand there is limited space in the Crematory, witnessing the cremation of the Decedent is a privilege, the Crematory can be a dangerous place, and no person viewing the cremation will engage in any activities that will endanger themselves or anyone else present at the Crematory during the cremation services of the Decedent. The undersigned, in consideration of the Crematory's consent to witness the cremation of the Decedent, agrees to comply with all of the Crematory's rules and regulations related thereto, a copy of which is attached hereto.

Further, the undersigned on behalf of themselves, their immediate family and their relatives agrees to hold harmless and to indemnify the Crematory and Funeral Home for any claim, action, liability, costs, agents expenses or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including their immediate family, relatives of the immediate family and relatives of the Decedent arising out of any actions taken by the Crematory pursuant to the Witness Authorization Form or the cremation services performed on Decedent. All witnesses have been advised and are aware that the viewing of a cremation can be an emotionally unsettling experience.

In the event this Witness Authorization is executed by more than one person, the singular shall include the plural, and each shall be jointly and severally liable for all representations and warrants and indemnifications contained in this Authorization. If this Witness Authorization is executed by a legally authorized party on behalf of a group of people that will be witnessing the cremation of the Decedent, then that party, as the undersigned, hereby confirms that they are legally authorized to act on behalf of the group they are representing and will be responsible and hold Crematory and Funeral Home harmless for the actions of the group or any member thereof.

## WITNESSES

1. Print _____	Sign _____
2. Print _____	Sign _____
3. Print _____	Sign _____
4. Print _____	Sign _____
5. Print _____	Sign _____

Witness of Signatures \_\_\_\_\_