

HAYWORTH-MILLER FUNERAL HOME

3315 Silas Creek Parkway
Winston-Salem, NC 27103
(336) 765-8181

305 Bethania-Rural Hall Road
Rural Hall, NC 27045
(336) 969-5593

3950 Macy Grove Road
Kernersville, NC 27284
(336) 993-2136

108 East Kinderton Way
Advance, NC 27006
(336) 940-5555

6685 Shallowford Road
Lewisville, NC 27023
(336) 946-1107

IDENTIFICATION OF BODY FOR CREMATION

Deceased: _____

I, the undersigned, hereby certify that I have identified the above decedent by the method listed below (in order of priority):

☐ 1. Authorizing agent confirming identity.

☐ 2. Next of Kin/ relative.

Name: _____ Signature: _____ Relationship: _____

☐ 3. Representative appointed by the family.

Name: _____ Signature: _____ Relationship: _____

☐ 4. Other personal acquaintance of the deceased.

Name: _____ Signature: _____ Relationship: _____

☐ 5. Identification by photograph. (Attach photocopy of photograph.)

☐ 6. Identifying marks (scars, moles, tattoos, etc.): _____

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

☐ 8. Funeral director/staff member making removal.

Name: _____ Signature: _____

☐ 9. Other: _____.

I accept responsibility for any liability caused by my misrepresentation or incorrect identification of the above-named decedent.

Signature: _____ Name: _____

Date: _____ Witness: _____