



**ALTA**  
CREMATION & SERVICES, INC.

## REQUEST TO WITNESS THE CREMATION PROCESS

Name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

The undersigned represents and warrants to be the next of kin to the decedent or the designated representative of the next of kin or the person(s) with the legal right and authority by law to control the disposition of the above-named deceased and does hereby request to witness the cremation of the above-named decedent. The undersigned acknowledge:

- a) The funeral home representative listed below has advised and informed me of the cremation process
- b) Viewing the cremation process can be visually difficult
- c) Viewing the cremation can be emotionally distressful.

Having been thoroughly advised, the undersigned wishes to witness the cremation, which will take place on \_\_\_\_\_ at Alta Cremation & Services, Inc. at \_\_\_\_\_ A.M./P.M.

In so witnessing, the undersigned agrees to release and forever discharge Alta Cremation & Services, Inc., its affiliates, officers, employees, agents and representatives from any and all liabilities, losses, damages, and injuries, known or unknown, claims of mental or physical distress or anguish, and agrees to defend and indemnify Alta Cremation & Services, Inc., from any claims, causes of action or suits of any kind that may arise from or in any way are related to the witnessing of the cremation process or cremation itself.

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

1) **Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship to the Deceased:** \_\_\_\_\_

2) **Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship to the Deceased:** \_\_\_\_\_

3) **Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship to the Deceased:** \_\_\_\_\_

4) **Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship to the Deceased:** \_\_\_\_\_

5) **Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship to the Deceased:** \_\_\_\_\_

**Representative of Funeral Home:** \_\_\_\_\_