

RELEASE AND HOLD HARMLESS AGREEMENT DNA RETRIEVAL AND STORAGE CONFIRMATION

The undersigned hereby warrants he or she is legally entitled to authorize the funeral and/or disposition arrangements for _____ ("Decedent"), whose remains are presently located on the premises of _____ ("Funeral Home or Crematory").

The undersigned hereby confirms that:

- The Funeral Home/Crematory provided information and explained that retrieving and storing DNA may be helpful to the Decedent's family and future generations.
- The Funeral Home/Crematory has offered to arrange for DNA retrieval from the Decedent's remains and storage of the DNA for a fee of \$ _____.
- The Funeral Home/Crematory has explained that DNA cannot be retrieved from cremated remains.
- The Funeral Home/Crematory has explained that after burial or embalming the cost for retrieval is much higher due to legal requirements, additional expenses, and the deterioration of remains from which DNA can be extracted.

The undersigned hereby authorizes the Funeral Home/Crematory to retrieve or arrange for DNA retrieval and storage from the Decedent's remains for the above stated fee. The undersigned further affirms that a DNA Connections retrieval and storage form has been reviewed, completed and signed.

The undersigned declines to have DNA retrieved. In consideration for Funeral Home/Crematory providing this information and the undersigned declining the opportunity for DNA retrieval and storage from the Decedent's remains, the undersigned releases and forever discharges Funeral Home/Crematory and its agents from all claims and causes of action that the undersigned now has or may subsequently have related to the retrieval and storage of the DNA from the Decedent's remains. The undersigned further agrees to hold Funeral Home/Crematory and its agents and owners harmless and to indemnify them for any liability, costs, expenses or legal fees with respect to all damages of any kind arising out of any action or actions performed with respect to the undersigned not authorizing the retrieval and storage of DNA from the remains of the Decedent while the remains were located on the premises of the Funeral Home/Crematory.

I hereby acknowledge that I have read this Confirmation, Release and Hold Harmless Agreement and understand its terms. I have executed this instrument voluntarily and with full knowledge of its significance.

Mrs. Ms. Mr. (PRINT): _____

Relationship: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

WITNESS: Mrs. Ms. Mr. (PRINT): _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

THE SIGNATURES ON THIS FORM MUST BE WITNESSED OR NOTARIZED. IF WITNESSED BY AN INDIVIDUAL, THE NAME, ADDRESS AND PHONE NUMBER MUST BE PROVIDED WHERE INDICATED ABOVE

NOTARIZATION FORM

State of _____ County of _____

On this, the _____ day of _____, 20_____, before me _____, the undersigned notary public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public

My commission expires on _____