

AUTHORIZATION TO OBTAIN BIOMETRIC DATA

1. PARTIES:

“FUNERAL HOME”:
_____ (Name of Funeral Home)

“REPRESENTATIVE(S)”:
_____ (Name of Representative(s))
(Use Reverse Side for Additional Names)

“DECEDENT”:
_____ (Name of Decedent)

2. AUTHORITY OF REPRESENTATIVE(S): REPRESENTATIVE(S) warrants and represents to FUNERAL HOME (which, includes its employees, as used herein) that REPRESENTATIVE(S) is the person or the appointed agent of the person who by law has the paramount right to arrange the disposition of the remains of DECEDENT and that no other person(s) has a superior right over the right of REPRESENTATIVE(S).

3. AUTHORIZATION TO OBTAIN BIOMETRIC DATA: REPRESENTATIVE(S) authorizes FUNERAL HOME to obtain from the remains of DECEDENT all of the items check-marked below (“BIOMETRIC DATA”):

- Thumbprint
- Fingerprints
- Handprint L R (circle which hand(s) apply)
- Photographs (describe photos to be taken: entire remains, face and head., etc.):

Other: _____

4. METHOD OF OBTAINING BIOMETRIC DATA: To acquire the BIOMETRIC DATA designated in Section 3, FUNERAL HOME will use:

- Ink Method Electronic Device
- Other: _____

5. REASONS FOR AUTHORIZATION: REPRESENTATIVE(S) is directing FUNERAL HOME to obtain the BIOMETRIC DATA of DECEDENT for the following reason (initial all lines that are applicable):

<u>Initials</u>	<u>Reason(s)</u>
_____	MEMORIAL: For the purpose of creating a memorial item containing the BIOMETRIC DATA (to be maintained in FUNERAL HOME’s files or in a secure electronic storage

device or to a third-party, offsite). By initialing this option, REPRESENTATIVE(S) agree they may be contacted by FUNERAL HOME or third-party for the purposes of creating a memorial item containing the BIOMETRIC DATA.

_____ IDENTIFICATION: To authorize FUNERAL HOME to identify DECEDENT's remains and to maintain the BIOMETRIC DATA in a secure website or file system.

_____ OTHER: Requested by REPRESENTATIVE solely for the following purpose(s) stated fully below (the BIOMETRIC DATA to be provided to REPRESENTATIVE(S), who will be solely responsible for all BIOMETRIC DATA):

7. **BIOMETRIC DATA RETENTION:** The BIOMETRIC DATA will retained for ____ year(s) unless FUNERAL HOME is instructed by REPRESENTATIVE(S) in writing, to destroy the BIOMETRIC DATA.

8. **DECLINE:** No BIOMETRIC DATA will be taken because:

_____ REPRESENTATIVE(S) understands that obtaining BIOMETRIC DATA after disposition is not possible or has declined collecting them.

9. **INDEMNIFICATION:** REPRESENTATIVE(S) acknowledges that the persons collecting BIOMETRIC DATA are employees of FUNERAL HOME are not professionals in the collection of BIOMETRIC DATA and is collecting the BIOMETRIC DATA solely as an accommodation to the REPRESENTATIVE(S). FUNERAL HOME makes no warranty or representations regarding the BIOMETRIC DATA. REPRESENTATIVE(S), individually and on behalf of the family of the DECEDENT, agree to indemnify and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect to the following: (1) the directions to obtain BIOMETRIC DATA; (2) the quality, condition of the BIOMETRIC DATA, (3) the distribution or other use of the BIOMETRIC DATA by REPRESENTATIVE(S) or their attorneys, agents, or other representatives.

[Signature Page to Follow]

SIGNATURE OF REPRESENTATIVE(S):

DATE:

Name of Representative (Print)

Name of Representative (Print)

Name of Representative (Print)

(Add additional signature pages as needed.)