

# Fingerprint Authorization Form

Date \_\_\_\_\_

Deceased's Name \_\_\_\_\_ Date of Death \_\_\_\_\_

## FINGERPRINTING AUTHORIZATION

Funeral Home Name \_\_\_\_\_

Funeral Arranger \_\_\_\_\_

Funeral Home Address \_\_\_\_\_

The undersigned authorizes the above Funeral Service Provider to take fingerprints with an ink system or biometric fingerprint scanner. These fingerprints are then stored in a secure location.

The above Funeral Service Provider fingerprints all decedents to maintain accurate identification of the individual throughout the time he/she is under their care and, by taking a fingerprint, it will ensure the accurate and consistent provision of services as requested by the decedent's family.

I further understand that I may request in writing that the prints be destroyed *after* final disposition. If I do not request immediate destruction, fingerprints will be maintained in a secure location. I understand that I may request the prints for other purposes, including but not limited to the creation of keepsakes which we at our option may purchase.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Relation \_\_\_\_\_