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**BARR-PRICE FUNERAL HOMES**  
Established 1890

**IDENTIFICATION - Viewing  
HOLD HARMLESS AGREEMENT**

The undersigned, being next-of-kin or other legally authorized person making arrangements, having viewed the remains, either at the place of death or the funeral home prior to cremation, hereby identify the same as the remains of \_\_\_\_\_ . Ample time has been given the undersigned to assure proper identification prior to the execution of this document, and by signing same; the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to indemnify and hold the Barr-Price Funeral Homes and/or Palmetto Cremations, its officers, agents, and employees, harmless from any and all claims, suites, or causes of action, including a reasonable attorneys' fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of the identification and request for cremation and disposition of the remains.

**I HAVE READ AND UNDERSTAND THE HOLD HARMLESS AGREEMENT FOR  
IDENTIFICATION BY VIEWING OR WITHOUT VIEWING.**

\_\_\_\_\_  
Signature Relationship Telephone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\*\*\*\*\*

**IDENTIFICATION - Without viewing  
HOLD HARMLESS AGREEMENT**

The above signed, being next-of-kin or other legally authorized person making arrangements, having declined to make identification through actual viewing of the remains of \_\_\_\_\_, hereby agree to indemnify and hold Barr-Price Funeral Home and/or Palmetto Cremations, its officers, agents, and employees, harmless from any and all claims, suites, or causes of action, including a reasonable attorneys' fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of the identification of, or relating to or arising out of such failure to identify, and request for cremation and disposition of the remains.

Reason visual identification not performed: \_\_\_\_\_

Describe alternative methods used to confirm identification: \_\_\_\_\_

\_\_\_\_\_  
Name of Funeral Home Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature