



**Direct Cremation
Services of Virginia**
VIRGINIA'S TRUSTED AND AFFORDABLE
CREMATION PROVIDER

4425 Brookfield Corporate Drive, Suite 100
Chantilly, Virginia 20151
703-584-4927

www.DirectCremationServicesOfVirginia.com

IDENTIFICATION FORM

Name of Deceased: _____ **Date:** _____

Direct Cremation Services of Virginia has informed me of the cremation process and has explained that the Virginia Board of Funeral Directors and Embalmers mandates visual identification of the deceased, positive identification of a photograph of the deceased, or other means of positive identification as described below prior to cremation.

- I/We attest that I/we have **visually** identified the deceased and attest that the deceased is the person named above; or

- I/We attest that I/we have **positively** identified a photograph of the deceased or a photograph of a distinguishing birthmark or tattoo of the deceased and attest that the deceased is the person named above. I certify that I/We am/are the legal next-of-kin or legal representative of the deceased under Virginia law and that I/we have full authority under law to provide permission to the above-name funeral home/ crematory to photograph the deceased if that is my/our choice of identification; or

Signature of Next-of-Kin/Legal Representative

Signature of Next-of-Kin/Legal Representative

Printed Name of Next-of-Kin/Legal Representative

Printed Name of Next-of-Kin/Legal Representative

Printed Name of Witness

Signature of Witness