

# Cremation Society OF TOLEDO

1405A Bernath Parkway, Toledo, Ohio 43615 • P: 419-861-3770 • F: 419861-3760

## Next of Kin Affidavit

Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
*(Name)* *(Address)*

being the \_\_\_\_\_ of \_\_\_\_\_ who  
*(Relationship)* *(Decedent)*  
died on \_\_\_\_\_. I hereby declare and attest that I am the  
*(Date of Death)*

Legal Next of Kin, and I further attest that there **are / are not** others.

(If others, please list)

\_\_\_\_\_  
\_\_\_\_\_

I certify the above information to be true and accurate. The next of kin agrees to indemnify and hold harmless the Cremation Society of Toledo, their offices, directors, employees and agents from any claim, cause of action, cost of expense, including but not limited to any legal fees, arising out of or resulting from statements contained in this document.

X \_\_\_\_\_  
*(Next of Kin)*

Sworn to before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, 2019.

X \_\_\_\_\_  
*(Notary Public)*