



Informed Consent

I am inviting you to participate in a study on Digital Deathtech. This consent form informs you about the study and your rights.

Task and duration: Your participation in the study entails an interview on communicating, memorializing, and participating in rituals using Digital Deathtech which last approximately 1 hour. You may also be contacted for short follow-up interviews or for clarification via email.

Voluntary participation: Your participation in this study is voluntary. If you decide to participate, you are free to refuse answering any questions and free to withdraw at any time from the study without having to provide a reason or having any negative consequences. Your answers will be kept confidential. If you feel uncomfortable during the interview, you may also ask that the interview be stopped at any time.

Data collection and analysis: The confidentiality of your information will be maintained. To help protect your confidentiality, the final interview transcript will not contain information that personally identifies you or the deceased. The responses to this interview will be analyzed without any personal data. The information from your interview will be transcribed into a format for data analysis, and these data will be used for research purposes only.

Prior to the interview, the researcher will ask for your consent to record the interview. Only the researcher and her supervisors will have access to the audio recordings.

Contact: If you have any questions or suggestions about this study, or wish to withdraw from the study, please indicate this to the interviewer.

	Please tick the appropriate boxes, and sign the consent form	Yes	No
1.	I have read (or heard) and understood the information about this study.		
2.	I have been able to ask questions about the study and, if I had questions, these have been answered to my satisfaction.		
3.	I understand that the study involves my voluntary participation in an interview.		
4.	I understand that I can refuse to answer questions and can withdraw from the study at any time, without having to give a reason.		
5.	I give consent for recordings to be made of my interview and I give consent for these recordings to be stored to facilitate transcribing the interview.		

	Please tick the appropriate boxes, and sign the consent form	Yes	No
6.	I understand that recordings of my interview will be made and stored to transcribe the interview		
7.	I understand that personal information, collected for this study, that can identify me, will not be shared beyond the research team.		
8.	I agree that my answers, opinions, or other contributions may be cited anonymously in the research results.		
9.	I understand that the information that I provide for this study will be archived at Tilburg University for potential future scientific research and learning purposes up to 10 years.		
10.	I understand that the information that I provide will only be used for the stated purposes and will never be shared for commercial purposes		
11.	I give permission for the processing of anonymous/coded data as mentioned in the information letter.		

Mental Health Resources

If, after the interview, you would like to talk more about your deceased loved one, or if you would like to know more about grief, please do not hesitate to contact the interviewer (216-534-9587), a family member or friend, or a professional counselor. A list of mental health counselors, including some that specialize in grief, is available at <https://www.psychologytoday.com/us/>

By signing the form, you provide your consent to participate in this study.

Name of Participant

Date

Signature

Raine Shakti (Researcher)

Name of Researcher

Date

Signature