

CASCADE CREMATION CENTER

Cascade Cremation Center is locally owned and operated by Oregon families under the corporation name of Cascade Funeral Directors, Inc. and is physically located at 8972 SW Tualatin Sherwood Road, Tualatin, OR, 97062

State of _____

ID Disc # _____

County of _____

Crematory Log # _____

CREMATION AUTHORIZATION

I/We hereby authorize and direct Cascade Cremation Center and their agents, subject to terms and conditions (see below), to cremate the remains of: _____

NAME OF PERSON TO BE CREMATED

My relationship to this person is that of: _____

Upon my oath, and under penalty of perjury, I hereby swear and affirm that to the best of my knowledge there is no other person having a prior right to give authorization per Oregon Revised Statutes 97.130, and to control the remains of the above named decedent. Also, I hereby agree to hold the above named crematorium, the Funeral Service Establishment, the Funeral Director or person acting as such, their officers and employees harmless from any liability, cost and expense resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions.

DISCLOSURES, TERMS & CONDITIONS

- ____ (Initial) 1. Yes No Has this person been fitted with a heart pacemaker? I authorize removal and disposal of the pacemaker.
- ____ (Initial) 2. Yes No Has this person been treated with Strontium 89?
- ____ (Initial) 3. I certify that any personal property of value to the heirs of this person has been or will be removed and that the funeral director, or person acting as such, the crematory and their agents/affiliates are not liable for any personal property.
- ____ (Initial) 4. I understand that for handling the body and for sanitary purposes, it is the policy of Cascade Cremation Center that the body be placed in a rigid container. Caskets (wood, fiberglass or metal) are not accepted.
- ____ (Initial) 5. I understand that all prosthesis (hip joints, surgical pins, etc.) bridgework or similar items will be recycled or discarded after the cremation process. Gold inlays and fillings, rings and other jewelry will lose their identity.
- ____ (Initial) 6. I understand that the cremated remains will be returned, however, some may be irreclaimable during the cremation, processing and containerization.
- ____ (Initial) 7. I understand that in some cases the amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess cremated remains will be placed in a separate container and will accompany the primary urn or temporary container when released.

DISPOSITION OF CREMATED REMAINS

- ____ (Initial) Release to: _____
- ____ (Initial) Ship via U.S. Registered Mail to: _____
- ____ (Initial) Address: _____
- ____ (Initial) Other: _____

CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE.

This authorization must be signed in the presence of a funeral director, or person acting as such, or be notarized.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Phone Number: _____

Phone Number: _____

Time: _____ Date: _____

Time: _____ Date: _____

Funeral Director Signature (or representative of Cascade Funeral Directors, Inc.): _____ Date: _____

Funeral Service Establishment _____

Subscribed and sworn to, before me this _____ day of _____, 20____ My commission expires: _____

Notary Public _____