

CREMATION AUTHORIZATION

Cascade Cremation Center
8972 SW Tualatin Sherwood Road, Tualatin, OR 97062

Name of person whose remains are to be cremated: _____

Date of Birth: _____ Date of Death: _____ Oregon ID Disc #: _____

IDENTIFICATION OF AUTHORIZING AGENT(S)

Authorizing Agent Printed Name: _____ Relationship: _____

Authorizing Agent Printed Name: _____ Relationship: _____

Authorizing Agent Printed Name: _____ Relationship: _____

AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that under ORS 97.130 (see below) that I have the right to authorize the cremation of the decedent's remains by signing one of the following statements:

I certify that I have the right to act as the Authorizing Agent.

or

There is another living person(s) who has a superior right to act as Authorizing Agent and that person(s) has provided me with written permission to serve as Authorizing Agent (in accordance with ORS 97.130 and ORS 97.145)

or

There is another living person(s) who has superior right to act as Authorizing Agent

whose name(s) and relationship(s) is: _____

but they are unavailable for the following reasons:

(Signature)

(Signature)

(Signature)

ORS 97.130 Any individual of sound mind who is 18 years of age or older, by completion of a written signed instrument or by preparing or prearranging with any funeral service practitioner licensed under ORS chapter 692, may direct any lawful manner of disposition of the individual's remains. Except as provided under subsection (6) of this section, disposition directions or disposition prearrangements that are prepaid or that are filed with a funeral service practitioner licensed under ORS chapter 692 are not subject to cancellation or substantial revision.

(2) A person within the first applicable listed class among the following listed classes that is available at the time of death, in the absence of actual notice of a contrary direction by the decedent as described under subsection (1) of this section or actual notice of opposition by completion of a written instrument by a member of the same class or a member of a prior class, may direct any lawful manner of disposition of a decedent's remains by completion of a written instrument:

- (a) The spouse of the decedent.*
- (b) A son or daughter of the decedent 18 years of age or older.*
- (c) Either parent of the decedent.*
- (d) A brother or sister of the decedent 18 years of age or older.*
- (e) A guardian of the decedent at the time of death.*
- (f) A person in the next degree of kindred to the decedent.*
- (g) The personal representative of the estate of the decedent.*
- (h) The person nominated as the personal representative of the decedent in the decedent's last will.*
- (i) A public health officer.*

ORS 97.145 No cemetery authority, crematory operator or licensed funeral service practitioner interring or cremating remains pursuant to a written instrument signed by the decedent or a person described in ORS 97.130 (Right to control disposition of remains) (2) shall be liable for any failure to conform to the priority of control of remains provided in ORS 97.130 (Right to control disposition of remains), except when it shall have received two or more conflicting written instruments prior to interment or cremation of said remains. [1957 c.423 §3 (97.141 and 97.145 (Liability for failure to conform to written instrument directing control of remains) enacted in lieu of 97.140); 1997 c.472 §2]

CREMATION PROCESS

ORS 97.010 (13) "Cremation" means the technical process, using direct flame and heat, that reduces human remains to bone fragments. Cremation is carried out by placing the decedent's remains in a cardboard alternative container, which is then placed into a cremation chamber. Following cremation, the cremated remains are then swept from the cremation chamber. Although the crematory will, as much as possible, take reasonable efforts to remove all residual material of the cremation process from the cremation chamber, some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of particles of cremated remains from the residues of previous cremations is unavoidable, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as prostheses (hip joints, surgical pins, etc.) dental bridgework or fillings, and any other items placed or left with the decedent for cremation will be separated and removed from the human bone fragments. Our crematory will dispose of or recycle any collected items and the bone fragments will be mechanically pulverized (processed). These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated urn or temporary container. 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 into a separate container and will accompany the primary urn or temporary container when released. All cremations occur within five business days of receiving a final disposition authorization, executed cremation authorization and full payment.

As Authorizing Agent, I understand and consent to the cremation process as described above.

(Signature)

PACEMAKERS, DEFIBRILLATORS, MECHANICAL OR OTHER ELECTRONIC DEVICES

Pacemakers, defibrillators, mechanical or other electronic devices create a hazardous condition when placed into the cremation chamber and could cause physical harm to the crematory equipment and/or crematory operators. The crematory will not cremate any decedent, which contains any type of devices. In the event the decedent contains such devices, the Authorizing Agent, hereby authorizes the crematory staff to remove any such devices from the decedent prior to cremation, and dispose of or recycle/donate such devices at its discretion.

There are no pacemakers, defibrillators, mechanical or other electronic devices present.

or

(Signature)

The following devices are present: _____

As Authorizing Agent, I understand and consent to the removal and disposal of each device listed above.

(Signature)

IMPLANTS, PROSTHESES AND DENTAL WORK

The Crematory is authorized to dispose of or recycle all implants, prostheses or dental work with similar materials from other cremations so that only human bone fragments remain.

As Authorizing Agent, I understand and consent to this.

(Signature)

PERSONAL BELONGINGS

All personal belongings placed with, or left with, the decedent will be cremated with the deceased and will lose their identity. Any non-combustible items remaining with the cremated remains will be separated and disposed of or recycled by the crematory.

As Authorizing Agent, I understand and consent to this.

or

There are personal belongings that I want returned and I understand that it is my responsibility to communicate this to the funeral director, verbally and also by signing here and completing a Personal Belongings Directive form with my funeral Director.

(Signature)

(Signature)

DISPOSITION OF CREMATED REMAINS

Release to: _____

(Signature)

Ship via USPS Priority Mail Express* to: _____

* I release the mortuary and crematory or its agents from any and all responsibility for any loss by such carrier.

Address: _____

(Signature)

Deliver to: _____

Address: _____

(Signature)

Common scattering at sea (Depoe Bay, OR). This service is arranged by Cascade Cremation Center, bi-annually.

(Signature)

Other(specify): _____

(Signature)

CERTIFICATION

As the Authorizing Agent, I acknowledge that the funeral establishment & crematory are relying upon the representations being made by the Authorizing Agent in this authorization. I certify that all of the information & statements contained in the authorization are accurate and no omissions of any material fact have been made. I agree to indemnify and hold harmless the funeral establishment & crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits, including, but not limited to, any legal fees arising out of or resulting from the funeral establishment & crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in this authorization.

This authorization must be signed in the presence of a funeral establishment representative or be witnessed by two people.

Authorizing Agent Signature: _____ Relationship: _____
Authorizing Agent Printed Name: _____
Address: _____ Phone Number: _____
Date: _____ Time: _____

Authorizing Agent Signature: _____ Relationship: _____
Authorizing Agent Printed Name: _____
Address: _____ Phone Number: _____
Date: _____ Time: _____

Authorizing Agent Signature: _____ Relationship: _____
Authorizing Agent Printed Name: _____
Address: _____ Phone Number: _____
Date: _____ Time: _____

If not in the presence of a funeral establishment representative, two witnesses must complete this section.

Witnessed by: _____ (Signature) _____ (Printed Name) _____ (Phone Number)

Witnessed by: _____ (Signature) _____ (Printed Name) _____ (Phone Number)

FUNERAL ESTABLISHMENT CERTIFICATION

Funeral Establishment Representative Signature: _____ Date: _____
Funeral Establishment Representative Printed Name: _____
Funeral Service Establishment: _____