

# AUTUMN CREMATORY

Bend  
61555 Parrell Road  
Bend, Oregon 97701

63875 N. Hwy 97, Bend, Oregon 97701

Redmond  
485 NW Larch Avenue  
Redmond, Oregon 97756

## CREMATION AUTHORIZATION

Date \_\_\_\_\_ Cremation No. \_\_\_\_\_ Tag No. \_\_\_\_\_

I/We, the undersigned (the "Authorizing Agent(s)"), hereby request and authorize Autumn Crematory to take possession of and make arrangements for the cremation of the Decedent, \_\_\_\_\_ My relationship to the deceased is that of \_\_\_\_\_ Upon my oath, and under penalty of law, I hereby affirm that to the best of my knowledge there is no other person having prior right to give authorization under Oregon Revised Statutes 97.141 (see below) and to control the remains of the above named decedent except \_\_\_\_\_, who has given me written or telegraphic instructions to sign the foregoing authority, the original copy of which I herewith file with the Crematory.

### OREGON REVISED STATUTES 97.130

Any cemetery authority may inter or cremate remains of a decedent without liability therefore upon receipt of a written authorization from the following person in order named

- (1) Any individual of sound mind who is 18 years of age or older, by completion of a written signed instrument or 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. (Paragraph 1)
- (2) Any person who by sworn statement represents himself to be
  - 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

The sworn statement signed by any person mentioned in this subsection shall contain a further affirmation by the signature that to the best of his knowledge there is no other existing person having a prior right to the control of the remains or that any person having such a prior right has given the signature written or telegraphic permission to sign such authorization as the cemetery authority. IF any signature is acting under written or telegraphic permission from a person having a prior right, the original of such written or telegraphic permission shall be filed with the cemetery authority.

### CREMATION DISCLOSURE

The following information concerning the cremation process is provided by Autumn Crematory. This service is subject to the following terms and conditions.

- 1. The body presented to Autumn Crematory is that of the named deceased.
- 2. Mechanical or radioactive devices in the Decedent may create a hazardous condition when placed in a cremation chamber. All pacemakers and radioactive implants must be removed prior to deliver of the Decedent to the Crematory.
- 3. For sanitation purposes, it is the policy of Autumn Crematory that the body be enclosed in a container.
- 4. All prosthesis (hip joints, surgical pins, etc) will be discarded after the cremation process is completed. GOLD inlays and fillings, RINGS and other JEWELRY will lose their identity and will also be discarded.
- 5. The bulk of the cremated remains will be returned, however some will be lost during the process of containerization.
- 6. Pulverization of the cremated remains is part of the cremation process, however, some of the cremated remains may be recognizable as particular bone fragments.
- 7. The cremated remains will be returned in a temporary plastic urn, unless otherwise specified.
- 8. Autumn Crematory is not responsible for any loss or delay of cremated remains by the U.S. Postal Service or other transportation service.

I HEREBY CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE

Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Funeral Director/Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Type of Casket or Container \_\_\_\_\_ Type of Urn Selected \_\_\_\_\_

Please initial the boxes after reading each section.

- Pacemaker  Has the deceased been fitted with a pacemaker Yes No
- Shipment  The undersigned hereby authorizes Crematorium to deliver the cremated remains via Registered US mail to the addressee designated below and agrees to assume all liability for any damages that may arise from any cause growing out of said deliver.
- Personal  I certify that any and all personal possessions of value to the family have been removed from, or will be removed from, the deceased except \_\_\_\_\_
- Return To  Cremated remains are to be \_\_\_\_\_
- Acknowledges  Pursuant to ORS 97.150, the undersigned acknowledges that in the event the cremated remains have not been claimed within 180 days from the date of cremation, notice of failure to take custody will be delivered to the undersigned, by certified mail, return receipt requested. The notice will inform the undersigned that failure to take custody 30 days after the date of the notice may result in the funeral establishment or crematory disposing of the cremated remains as legally practicable.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Witness: \_\_\_\_\_  
Funeral Home: \_\_\_\_\_  
Notary, if not witnessed by Funeral Director: \_\_\_\_\_  
State of: \_\_\_\_\_ County of: \_\_\_\_\_  
My commission expires \_\_\_\_\_