

**FAMILY MEMORIAL MORTUARY** Phone: 503-736-0102 ID # \_\_\_\_\_

**AFTERCARE CREMATION & BURIAL SERVICE** Phone: 503-760-3600 Tag# \_\_\_\_\_

1304 East Powell Blvd., Gresham, Oregon 97030 Fax: 503-489-5818

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## Cremation and Dissolution Authorization

**Notice:** This is a legal document that contains important provisions concerning cremation and dissolution. Please read this entire document carefully before signing. Cremation and Dissolution are an irreversible and final process.

Name of Decedent: \_\_\_\_\_

Sex: M F

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

\_\_\_\_\_  
(Initial) Cremation

\_\_\_\_\_  
(Initial) Dissolution

I the undersigned (the "Authorizing Agent") hereby authorize and request O'Connor Family Mortuary Services, LLC, dba Family Memorial Mortuary and Aftercare Cremation & Burial Service, its agents, and employees, to cremate or execute the alkaline hydrolysis dissolution process and process the human remains of the Decedent.

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 who has a prior right to give authorization and execute this authorization according to state and local laws, (ORS 97.130, RCW 68.50.160) to control the remains of the above named decedent.

I/We agree to release and indemnify O'Connor Family Mortuary Services, LLC, the Funeral Home, Crematory, or Alternative Disposition Company, their officers, directors, agents and employees, from any claim, liability, cost, or expense resulting from the Funeral Home, Crematory, Alternative Disposition Company's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent. I/We release the Funeral Home, Crematory, Alternative Disposition Company from liability for the remains up delivery to a reputable common carrier. I/We agree that the Funeral Home, Crematory, Alternative Disposition Company's negligent acts (of itself or its agents or employees) are a limited to a refund of the fees paid to the Funeral Home, Crematory, and/or Alternative Disposition Company by me/us. I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by the Funeral Home, Crematory and Alternative Disposition Company. I further understand that the cremation/dissolution process is subject to the following terms and conditions.

### Disclosures, Terms and Conditions

I have either identified or waived my rights of identification of the decedent that I/We released to O'Connor Family Mortuary Service LLC, dba Family Memorial Mortuary and Aftercare Cremation & Burial Services, the Crematory and/or the Alternative Disposition Company, as the Decedent.

\_\_\_\_\_  
(Initials) All personal property, clothing and or valuables have been removed from the decedent or I hereby order them cremated with the remains. I understand that all prosthesis, (hip joints, surgical screws, pins, etc.) bridgework or similar items will be recycled or discarded after the cremation process. Dental gold on or with the body will lose their identity and will be discarded. Once the process is complete, the Crematory or Alternative Disposition Company makes all reasonable efforts, and uses its best efforts, to remove all of the remains from the chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact. After the remains are removed from the chamber, the fragments will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. While every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact. I understand that in some cases the amount of processed cremated or dissolved remains may exceed the capacity of the run or temporary container. Any excess remains will be placed in a separate container and will accompany the primary urn or temporary container when released.

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**Mechanical Devices and Implants:** Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues such as Metastron which contains Stronium-89, may create a hazardous condition during the cremation or dissolution process. Please list any artificial devices implanted in or attached to the decedent or identify if the decedent was treated with any radioactive materials.

Description of devices or radioactive drug treatment: \_\_\_\_\_

\_\_\_\_\_ The remains of the Decedent do not contain any of the devices described;

(Initials)

OR

\_\_\_\_\_ As Authorizing Agent, I/We instruct the Funeral Home to remove each device listed above and or make arrangements for such removal. The Funeral Home is to dispose of all such devices in any manner and at any time.

(Initials)

**Container requirement:** The Crematory requires that the remains be placed in combustible, leak resistant, rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles, or other items attached to any cremation container.

\_\_\_\_\_ Type of casket or cremation container:  Cardboard, combustible tray  Other: \_\_\_\_\_

(Initials)

\_\_\_\_\_ Type of urn requested:  Plastic Temporary Urn  Other: \_\_\_\_\_

(Initials)

#### Disposition of Cremated Alternative Remains

\_\_\_\_\_ Remains are to be sent to: \_\_\_\_\_

(Initials)

Address: \_\_\_\_\_

\_\_\_\_\_ Remains will be called for by: \_\_\_\_\_

(Initials)

#### 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 notarized.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Funeral Director Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Seal:

Notary Public: \_\_\_\_\_