

Authorization for Cremation and Disposition

Name of Decedent _____

Place of Death: Residence Hospital Nursing Home Other Male Female Age: _____

IDENTIFICATION:

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS STRONGLY ENCOURAGED BY ONE OF THE FOLLOWING METHODS:

I confirm that, as the "Authorizing Agent," I have been given the opportunity to view the remains or otherwise identify the decedent.

Personal I.D. view Photo Choose not to I.D. view the body

(Initials)

If the Authorizing Agent declines to view remains, Authorizing Agent releases Funeral Home & the Crematorium from any liability for the misidentification of remains.

THIS AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE USED TO PURCHASE THE SERVICES OF THE FUNERAL HOME.

AUTHORIZATION TO CREMATE:

The Authorizing Agent authorizes Hughes-Ransom Mortuary and the Crematorium to carry out the directions and instructions of the Authorizing Agent to cremate the Decedent described above. The cremation may be performed as indicated in this section as scheduling permits without any further notifications.

As soon as permits allow: Or After, Date _____ Time: _____

(Initials)

IDENTIFICATION OF AUTHORIZING AGENT:

Name of Authorizing Agent: _____ Relationship: _____

Address: _____ Telephone No: () _____

AUTHORITY OF AUTHORIZING AGENT:

As Authorizing Agent, I represent that I have the authority to authorize the cremation of the Decedent. Further, I know of no contrary directions given by the decedent or actual notice of opposition by another living person. I am initialing one of the following four statements below accordingly.

I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.

OR

There is another living person(s) listed below who has equal right to act as Authorizing Agent. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

OR

There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent.

OR

There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person would object to the cremation of the Decedent.

Name(s) of other persons: _____

PACEMAKERS, IMPLANTS, AND PROSTHESES: To the best of my knowledge the Decedent DOES DOES NOT have a pacemaker. Upon cremation, pacemakers and other similar medical devices may cause injury or damage to crematorium personnel or equipment. As Authorizing Agent I represent that the Decedent is free from such potentially dangerous devices. In the event that the Decedent has such a device, authorization is hereby given to Hughes-Ransom Mortuary, its agents and employees, to remove such device and dispose of said items, prior to cremation, in the following manner:

The devices listed are to be removed and returned to the Authorizing Agent. Dispose of said items at the crematorium's discretion.

PERSONAL PROPERTY: All effects delivered with the Decedent to the crematorium, including but not limited to: jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes will be destroyed in the cremation process or otherwise discarded by the crematorium at its sole discretion, unless specific instructions are given by the Authorizing Agent. It is agreed that if no instructions for disposition of personal property are given, such items may be disposed of or discarded by Hughes-Ransom Mortuary or the Crematorium.

DISPOSITION: The Authorizing Agent requests that the cremated remains be: Released to : Delivered to : Forward by U.S. Registered Mail to :

It is agreed that if arrangements for the cremated remains are not made within 180 days, they may be disposed of in accordance with the laws of the State of Oregon. Unclaimed cremated remains will be disposed of as is legally permissible.

Casket: _____ Type of Urn: _____ Keepsake urns:

Alternative Cremation Container Temporary Plastic Urn Sealed:

Portion held in reserve: Other _____

CREMATION PROCESS DISCLOSURE

Name of Decedent

IN SELECTING CREMATION FOR THE ABOVE-NAMED DECEASED, I UNDERSTAND THAT:

The cremation of a human being is the irreversible process of final disposition whereby the body is transformed into basic elements and is prepared for permanent placement. Permanent placement may be accomplished by way of earth burial of an urn or placement within a niche. Other options include scattering, or holding the cremated remains for safekeeping by the Authorizing Agent or their designated representative.

Cremation is carried out by placing the Decedent's remains in a cremation casket or a rigid leak-resistant alternative container. The Decedent and cremation casket or alternative container is then placed inside the cremation chamber. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metals (including possibly dental gold, silver and other non-combustible materials that were not destroyed). These remaining fragments and particles are called cremated remains.

Following a cooling period the cremated remains are collected from the cremation chamber using specialized equipment. Among these are a rake, brushes, receiving pan and high temperature crematory vacuum. This equipment is used solely in the crematorium for this purpose. The remains are cleaned of all non-combustible material (insofar as possible) by visible and magnetic selection. The remaining particles and fragments of cremated remains removed from the crematory vary in size and will be processed unless otherwise specified. This is performed by mechanical pulverization to render the cremated remains down to a size suitable for placement into an urn or temporary container.

It is further understood that all cremations will be performed individually; only one (1) Decedent will be cremated at a time. The crematorium will endeavor to return 100% of all recoverable cremated remains of the Decedent; however it is beyond anyone's capability to conserve or to collect every particle of cremated remains and dust from the crematory equipment, and that inadvertent and unintentional commingling of cremated remains and other materials may occur. The cremation chamber is composed of ceramic tile which also disintegrates slightly during each cremation and the bi-product of this disintegration is commingled with the cremated remains of the decedent.

All prostheses (hip joints, surgical implants, etc.) will be discarded after the cremation process is completed. (Gold inlays, fillings, rings and other jewelry generally lose their identity and will not be recoverable.)

If the container is not large enough to hold all the cremated remains, the crematorium will provide an additional temporary container and notify the family.

I, the Authorized Agent, acknowledge that I have read this form completely and understand it.

I instruct Hughes-Ransom Mortuary and **The Crematorium** to follow through with the cremation process.

CERTIFICATION AND INDEMNIFICATION:

The Authorizing Agent acknowledges that Hughes-Ransom Mortuary and the Crematorium are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless Hughes-Ransom Mortuary & Pacific Crematorium, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, legal fees arising out of or resulting from Hughes-Ransom Mortuary & Pacific Crematorium's reliance on or performance consistent with the directions, statements, representatives and agreements contained in this Authorization and Cremation Process Disclosure.

Authorizing Agent: _____ Relationship: _____ Date: _____ Time: _____
Witness: _____ Relationship: _____ Date: _____ Time: _____
Witness: _____ Relationship: _____ Date: _____ Time: _____

Signature of licensee or licensee's representative: _____ Date: _____ Time: _____

Printed name of licensee or licensee's representative: _____

Receipt of Cremated Remains

Name of Decedent

Printed name of person authorized to receive cremated remains

Cremated Remains Received by:

_____ Date: _____ Time: _____
Signature of person authorized to receive cremated remains

Cremated Remains Released by:

_____ Date: _____ Time: _____
Signature of licensee or licensee's representative

Printed name of licensee or licensee's representative