

CREMATION AUTHORIZATION

Wherity Family Funerals & Cremations
8265 SW Seneca St., Tualatin, Oregon 97062
(503) 885-8242

AUTHORIZATION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize the above named service (hereinafter referred to as "Funeral Establishment") to take possession of and make arrangements for the cremation of the decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, at _____ (hereinafter referred to as the "Crematory") and in accordance with and subject to their rules and regulations, and subject to any applicable state or local laws or regulations.

Name of Deceased _____ Sex: _____

Date of Birth _____ Date of Death _____

Funeral Establishment Representative: _____

PACEMAKER AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber. ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERY OF THE DECEDENT TO THE CREMATORY.

Has the deceased been treated with Metastrone, which contains Strontium-89? YES - NO Initial(s) _____

The decedent's remains do not contain a pacemaker, radioactive implant or other device that could be harmful to the crematory. They are safe to cremate. Initial(s) _____

The following list contains all existing devices implanted in or attached to the decedent that should be removed prior to cremation: _____ We have arranged for the Funeral Establishment to remove or arrange for the removal of these devices and to properly dispose of them prior to cremation. I understand that if the Funeral Establishment has not been notified about such devices or implants, and not instructed to remove them, that I/We am/are responsible for damages caused to the Crematory, or crematory personnel by such implants or devices.

CREMATION PROCESS

Cremation is a technical process using heat and flame that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation shall include the processing, and may include the pulverization of bone fragments. The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other materials, which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and a small amount of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Initial(s) _____

CASKETS/CONTAINERS

The Crematory requires either a casket or an alternative (cremation) container for the cremation. The above named Funeral Establishment does not offer metal caskets for cremation. All caskets and alternative containers must meet the following standards: (1.) Be composed of materials suitable for cremation; (2.) Be able to be closed to provide a complete covering for human remains; (3.) Be sufficient for handling with ease; (4.) Be resistant to leakage or spillage; (5.) Be able to provide protection for the health and safety of crematory personnel. The Crematory is authorized to inspect the casket or alternative container, including opening if necessary. In the event there is leakage or damage, the Crematory may contact the Funeral Establishment directly for instructions. The Crematory reserves the right to open the casket or alternative container to verify the identity of the deceased. Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails that are not combustible and may cause damage to the cremation equipment. The Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner. **Type of casket or cremation container selected** _____

URNS/TEMPORARY CONTAINERS

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the form. Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in case of an adult, it is recommended that the urn or container be a minimum of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container provided by the Crematory. **Type of urn or container selected:** _____

Engraving: YES - NO Engrave exactly as shown on the engraving form

WITNESSED CREMATIONS

The cremation will take place after civil and medical authorities have issued permits, all necessary authorizations have been obtained, and no legal objections have been raised, and after any scheduled funeral ceremonies or viewing have been completed. The Crematory, or authorized agents, is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own schedule, as work permits, without obtaining any further authorization or instructions. All cremations are performed individually. The Crematory will only place the human remains of one individual in the chamber at a time.

Are there any people who wish to witness the casket or container being placed in the crematory chamber? YES - NO
If yes, please provide the names of those individuals who wish to witness on the separate release form.

DISCLOSURES AND PERMISSIONS

Initial(s)_____ I/We certify that the deceased person named above has not given other specific directions concerning the disposition of his/her remains.

Initial(s)_____ I/We the undersigned, hereby certify that I/We am/are the closest living next of kin of the Decedent and that I/We am/are related to the Decedent as his/her _____, or that I/We otherwise serve (served) in the capacity of _____ to the Decedent, that I/We have charge over the remains of the Decedent and such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I/We am/are aware of no legal objection to this cremation by any spouse, child, parent or sibling.

Initial(s)_____ I/We authorize that if any non-combustible items, other than the cremated remains of the decedent, are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased, and disposed of by the Crematory.

Initial(s)_____ I/We understand that if I/We wish to remove and/or retain any items from the remains, I must do so directly or by authorized agent prior to the cremation process.

DISPOSITION OF THE CREMATED REMAINS

I/We authorize the Crematory to return the cremated remains of the decedent to the possession and custody of the Funeral Establishment. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Establishment. I/We hereby arrange for the disposition of the cremated remains of the decedent as stated below:

Initial(s)_____ I/We understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 180 days from the date of cremation, I/We hereby authorize the Funeral Establishment to lawfully dispose of the cremated remains.

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OR SHIPMENT OF SAID CREMATED REMAINS.

Initial(s)_____ Deliver the said cremated remains to: _____

For the purpose of: _____

Initial(s)_____ I appoint the Funeral Establishment my agent to make shipment of said cremated remains via U.S. Postage Mail (registered, return receipt), or scheduled air shipment (PROPER CONTAINER OR URN REQUIRED BY COMPANY). I am aware that the Funeral Establishment's services have been fully completed when the cremated remains leave the Funeral Establishment and that the Funeral Establishment is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Funeral Establishment assumes no responsibility after delivery to the Post Office, common carrier or agent. **Ship to:** _____

RIGHT TO CONTROL DISPOSITION

Oregon Revised Statutes 97.130(2): A person within the first applicable listed class among the following listed classes that is available at the time of the death or, in the absence of actual notice of a contrary direction by the decedent as described under section (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 decedent. (by written instrument or by pre-arrangement with the Funeral Establishment.)
- (b) The spouse of the decedent.
- (c) A son or daughter of the decedent 18 years of age or older.
- (d) Either parent of the decedent.
- (e) A brother or sister of the decedent 18 years of age or older
- (f) A guardian of the decedent at the time of death.
- (g) A person in the next degree of kindred to the decedent.
- (h) The personal representative of the estate of the decedent.
- (i) The person nominated as the personal representative of the decedent in the decedent's last will.
- (j) A public health officer.

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Establishment and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on both pages of this document.

Executed at _____, this _____ day of _____, 20_____.

Name _____ Signature _____

Relationship _____ Phone No. _____

Name _____ Signature _____

Relationship _____ Phone No. _____

Name _____ Signature _____

Relationship _____ Phone No. _____

Witness: _____

Signature of Funeral Establishment Representative as Witness of Signature(s) of Authorizing Agent(s)

