

## Instructions

### To Complete Authorization for Cremation and Disposition

**\*All required fields are in red.**

**Fields that cannot be filled in will be taken care of by the Funeral Director.**

Please begin with **Name of Decedent**. Then check boxes for place of death, male or female and fill in the decedent's age.

**Identification** Please check off your preference for identifying the decedent and initial far right box.

**Authorization To Cremate** If there is not a preference for time and date for the cremation to take place, please check the box **As Soon As Permits Allow**. Otherwise please designate the time and date that the cremation could take place after and initial the far right box.

**Identification of Authorizing Agent** Please fill in all information boxes.  
**(This is the person with disposition authority listed below.)**

**Authority of Authorizing Agent** According to the lettered list below please initial **ONE** of corresponding boxes out of the four on the far right in this section. If **ANY** box other than the first is selected in this section, please list all applicable names under **Name(s) of Other Persons** at the bottom of this section.  
*Example: List all other children applicable under line (b).*

Under Oregon State law lists disposition authority in order of precedence as follows:

- (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 in the decedent's last will.
- (i) A public health officer.

**Pacemakers, Implants, and Prosthesis** Please select whether the decedent has a pacemaker or not, then select your preference for having any such device returned to the family and initial the far right box. Often these devices are disposed of by the funeral chapel.

**Personal Property** Please read the statement and list on the line below if anything you wish to have **Returned** before the cremation takes place. Then initial the far right box.

**Disposition** Please select who the urn should be Released to, Delivered to a local location, or Forwarded by U.S. Registered Mail. After this designation please list either the person to pick up the urn or the location it is to be delivered to and initial the far right box. To eliminate any chance of confusion, please limit the number of persons authorized to pick up the urn. Only the individuals listed will be allowed to receive the urn from us.

**\*The funeral director will confirm your options pertaining to the bottom portion of the first page.**

**Cremation Process Disclosure** On the second page, please read this statement and then proceed to **Certification and Indemnification**. Sign as the **Authorizing Agent**, fill in your **Relationship** to the deceased, **Date**, and **Time**.

For those unable to electronically sign please print this form, sign, and fax it to 541-942-0187 or email it to [info@smithlundmills.com](mailto:info@smithlundmills.com)

If you have any questions or problems regarding the completion of this form, please call us at 541-942-0185 before signing the form.

# Authorization for Cremation and Disposition

File # \_\_\_\_\_  
I.D. Tag # \_\_\_\_\_

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 Chapel & Crematorium from any liability for identification 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 CHAPEL

## AUTHORIZATION TO CREMATE:

The Authorizing Agent authorizes Smith-Lund-Mills Funeral Chapel & Crematorium to carry out the directions and instructions of the Authorizing Agent to cremate the Decedent described above. The crematorium may perform the cremation 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: \_\_\_\_\_  
(Initials)

**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 the crematory, it's 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.

(Initials)

**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 the crematorium.

(Initials)

**DISPOSITION:** The Authorizing Agent requests that the cremated remains be: Released to : Delivered to : Forward by U.S. Registered Mail to : \_\_\_\_\_  
(Initials)

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.

(Initials)

Casket: \_\_\_\_\_ Type of Urn: \_\_\_\_\_ Keepsake urns:

Alternative Cremation Container  Temporary Plastic Urn Sealed:

Thumbies@: \_\_\_\_\_ 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 **Smith-Lund-Mills Funeral Chapel & Crematorium** to follow through with the cremation process.

## **CERTIFICATION AND INDEMNIFICATION:**

The Authorizing Agent acknowledges that Smith-Lund-Mills Funeral Chapel & Crematorium is 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 Smith-Lund-Mills Funeral Chapel & 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 Smith-Lund-Mills Funeral Chapel & 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: \_\_\_\_\_

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## **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