

## CASCADE CREMATION CENTER

Cascade Cremation Center is locally owned and operated by Oregon families under the corporation name of Cascade Funeral Directors, Inc., and is physically located at 8974 SW Tualatin-Sherwood Road, Tualatin, OR 97062

State of \_\_\_\_\_ )

ID Disc # \_\_\_\_\_

County of \_\_\_\_\_ )

Crematory Log # \_\_\_\_\_

### CREMATION AUTHORIZATION

I/We hereby authorize and direct Cascade Cremation Center and their agents, subject to terms and conditions (see below), to cremate the remains of: \_\_\_\_\_ . My relationship

DECEASED NAME

to the deceased is that of: \_\_\_\_\_ .

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 having a prior right to give authorization per Oregon Revised Statutes 97.130, and to control the remains of the above named decedent. Also, I hereby agree to hold the above named crematorium, Funeral Service Establishment, the Funeral Director, or person acting as such, their officers and employees harmless from any liability, cost and expense resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions.

### DISCLOSURES, TERMS & CONDITIONS

- \_\_\_\_\_ (Initial) 1. The body presented to Cascade Cremation Center is that of the named deceased.
- \_\_\_\_\_ (Initial) 2. The Deceased \_\_\_ HAS \_\_\_ HAS NOT been fitted with a heart pacemaker. If the Decedent has been fitted with a heart pacemaker, I authorize you to remove the pacemaker and dispose of it in such manner as you determine.
- \_\_\_\_\_ (Initial) 3. The Deceased \_\_\_ HAS \_\_\_ HAS NOT been treated with Strontium 89 in the last 6 months.
- \_\_\_\_\_ (Initial) 4. I certify that any personal property of value to the heirs of the decedent has been removed from the above stated deceased, and that the funeral director, or person acting as such, the crematory and their agents/affiliates are not liable for any personal property.
- \_\_\_\_\_ (Initial) 5. I understand that for sanitation purposes, it is the policy of Cascade Cremation Center that the body be placed in a rigid container. Fiberglass or metal caskets are not accepted.
- \_\_\_\_\_ (Initial) 6. I understand that all prothesis (hip joints, surgical pins, etc.) bridgework or similar items will be discarded after the cremation process is completed. Gold inlays and fittings, rings and other jewelry will lose their identity and will also be discarded.
- \_\_\_\_\_ (Initial) 7. I understand that pulverizing of the cremated remains by crushing and grinding is part of the normal process involved in preparing the cremated remains.
- \_\_\_\_\_ (Initial) 8. I understand that the bulk of the cremated remains will be returned; however, some may be irreclaimable during cremation, processing, and containerization.
- \_\_\_\_\_ (Initial) 9. I understand that in some cases the amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess pulverized cremated remains will be placed in a separate container and will accompany the primary urn or temporary container when released.

Deceased Name \_\_\_\_\_

**DISPOSITION OF CREMATED REMAINS**

\_\_\_\_\_ (Initial) Returned to: \_\_\_\_\_

\_\_\_\_\_ (Initial) Shipped via U.S. Registered Mail to: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ (Initial) Other: \_\_\_\_\_

**CERTIFICATION**

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 be notarized.***

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

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

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

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

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

(Cascade Funeral Directors, Inc., dba: Cascade Cremation Center)

Funeral Service Establishment \_\_\_\_\_

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, My commission expires: \_\_\_\_\_

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