

DISPOSITION AUTHORIZATION

Name of deceased: _____

Date of Birth: _____ Date of Death: _____ Oregon ID Disc #: _____

IDENTIFICATION OF AUTHORIZING AGENT(S)

Authorizing Agent Printed Name: _____ Relationship: _____

Authorizing Agent Printed Name: _____ Relationship: _____

Authorizing Agent Printed Name: _____ Relationship: _____

AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that under ORS 97.130 (see below) I have the right to authorize the disposition of the decedent's remains by signing one of the following statements.

I certify that I have the right to act as the Authorizing Agent.

or

There is another living person(s) who has a superior right to act as Authorizing Agent and that person(s) has provided me with written permission to serve as Authorizing Agent (in accordance with ORS 97.130 and ORS 97.145)

or

There is another living person(s) who has superior right to act as Authorizing Agent whose name(s) and relationship(s) is:

_____ but they are unavailable for the following reasons:

(Signature)

(Signature)

(Signature)

ORS 97.130 Any individual of sound mind who is 18 years of age or older, by completion of a written signed instrument or by preparing or prearranging with any funeral service practitioner licensed under ORS chapter 692, may direct any lawful manner of disposition of the individual's remains. Except as provided under subsection (6) of this section, disposition directions or disposition prearrangements that are prepaid or that are filed with a funeral service practitioner licensed under ORS chapter 692 are not subject to cancellation or substantial revision.

(2) A person within the first applicable listed class among the following listed classes that is available at the time of death, in the absence of actual notice of a contrary direction by the decedent as described under subsection (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 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 of the decedent in the decedent's last will.*
- (i) A public health officer.*

ORS 97.145 No cemetery authority, crematory operator or licensed funeral service practitioner interring or cremating remains pursuant to a written instrument signed by the decedent or a person described in ORS 97.130 (Right to control disposition of remains) (2) shall be liable for any failure to conform to the priority of control of remains provided in ORS 97.130 (Right to control disposition of remains), except when it shall have received two or more conflicting written instruments prior to interment or cremation of said remains. [1957 c.423 §3 (97.141 and 97.145 (Liability for failure to conform to written instrument directing control of remains) enacted in lieu of 97.140); 1997 c.472 §2]

PLACE OF DISPOSITION

I hereby authorize _____ to inter the remains of the deceased in
(name of cemetery or mausoleum)

_____ on _____
(lot, plot, block, space or crypt description, if known) (date)

Name of cemetery representative responsible for making arrangements: _____

PERSONAL BELONGINGS

All personal belongings placed with or left with the decedent will remain with the decedent.

As Authorizing Agent, I understand and consent to this.

or

(Signature)

There are personal belongings that I want returned and I understand that it is my responsibility to communicate this to the funeral director, verbally and also by signing here and completing a Personal Belongings Directive form with my funeral director .

(Signature)

CERTIFICATION

As the Authorizing Agent, I acknowledge that the funeral establishment is relying upon the representations being made by the Authorizing Agent in this authorization. I certify that all of the information & statements contained in the authorization are accurate and no omissions of any material fact have been made. I agree to indemnify and hold harmless the funeral establishment, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits, including, but not limited to, any legal fees arising out of or resulting from the funeral establishment's reliance on or performance consistent with the directions, statements, representatives and agreements contained in this authorization.

Authorizing Agent Signature: _____ Relationship: _____

Authorizing Agent Printed Name: _____

Address: _____ Phone Number: _____

Date: _____ Time: _____

Authorizing Agent Signature: _____ Relationship: _____

Authorizing Agent Printed Name: _____

Address: _____ Phone Number: _____

Date: _____ Time: _____

If not in the presence of a funeral establishment representative, two witnesses must complete this section.

Witnessed by: _____
(Signature) (Printed Name) (Phone Number)

Witnessed by: _____
(Signature) (Printed Name) (Phone Number)

FUNERAL ESTABLISHMENT CERTIFICATION

Funeral Establishment Representative Signature: _____ Date: _____

Funeral Establishment Representative Printed Name: _____

Funeral Service Establishment: _____