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9630 SW Marjorie Lane, Suite 2, Beaverton, Oregon 97008 503-526-3952 • fax 503-526-3957 • www.threadgillememorial.com

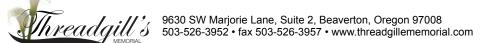
Cremation and Disposition Authorization

Page One of Two

Oromatio	i ana Bispot	Addition	Zution	ı ug	c one or two
		contains important pr remation is an irrever			Please read this entire
NAME OF DECE	DENT:				SEX:□M □F
DATE OF BIRTH:		DATE OF DEA	TH:	SSN:_	
		nt") hereby authorize a ocess the human remai			ory (the "Crematory"), its
discretion, and accome/us. The Cremat	rding to its time sched ory requires that the r	dule, as work permits, v remains be placed in a	vithout obtaining an combustible, leak i	ny further author resistant rigid co	ipt of the remains, at its rization or instructions from ntainer for cremation. The ttached to any cremation
Type of casket or cr	emation container:	Combustible Tray	Other:		
Type of container re	quested for the crema	ited remains: 🔲 Plastic	Temporary Urn [Other:	
	I am the authorized zation according to all			otherwise emp	owered and authorized to
	jection to this cremati		child, parent or sib	ling of the Dece	dent, or of provision of any
Crematory or First valuables have bee	Call Plus of Oregon Non removed from the lothing or valuables, in	Mortuary Services, L.L. remains or I hereby or	C., as the Decede der them cremate	ent. All personal divith the rema	eleased to First Call Plus I property, clothing and or ins. I understand that any d in the cremation process,
its officers, director performance consis	s, agent and employ tent with the direction,	ees, from any claim, l declaration, representa	ability, cost or ex ition, authorization	pense resulting s and agreemer	Mortuary Services, L.L.C., from their reliance on or its herein, including but not lecedent or the decedent's
contained herein are		ese statements are bei			sentations and statements I the undersigned has read
	DI	SPOSITION OF CRE	MATED REMAI	NS	
		sent to:			
[] (Initial) Cremate	ed remains will be calle	ed for by:			
* Funeral Home	and Crematory are not re	esponsible for any loss or da	mage of cremated re	mains shipped via (Common Carrier
IMPO	RTANT: ALL NEA	REST NEXT OF KIN	or AUTHORIZE	ED PERSON M	IUST SIGN
GN HERE -	Signature:		Date:		_ Time:
#1	Print Name:		Rela	tionship:	
77	Address:		Т	elephone Nbr: _	

City: _____ State: ____ Zip: ____

Funeral Director Signature:______ Date:______ Time:_____



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Cremation and D Decedent:	isposition Authorization	Page Two of Two	
condition when placed in	Implants: Mechanical Devices and Implants in a cremation chamber and subjected to heat. in any mechanical device or implants such a	The Crematory will not cremate any	
HEREBY CERTIFY THA MECHANICAL OR RADIOA	T REMAINS OF THE DECEDENT DOES [ACTIVE DEVICE.	DOES NOT CONTAIN ANY TYPE OF	=
	nted, mechanical, radioactive devices, or surgether remains of the Decedent prior to cremation		
DESCRIPTION:			
SIGN HERE -	SIGNATURE OF FAMILY REPRESENTATIVE:	Date:Time:	

Cremation Process

The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prostheses or dental bridgework); that are left with the decedent and not removed from the casket or container prior to cremation may be destroyed or will otherwise not be recoverable. The Authorized Agent understands that arrangements must be made with the Funeral Home to remove such possessions or valuables prior to the time that the decedent is transported to the Crematory.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory makes all reasonable efforts, and uses it best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into the designated urn or container. The Crematory will make reasonable effort to put all the created remains in the urn or container, with exception of dust or other residue that might remain on the processing equipment. The Funeral Home will deliver/dispose of the urn/container containing the cremated remains as directed by the Authorized Agent. I have read and understand this disclosure concerning the Cremation Process.

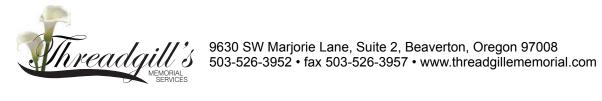
SIGN HERE	-
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SIGNATURE OF FAMILY
REPRESENTATIVE: ______Time:_____Time:_____

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Cremation and Disposition - Addendum

In re the matter of:			
I/we understand that the cremated remains must be of cremation.	e claimed or th	e disposition arranged wit	:hin 30 days of the date
Additional Next of Kin (Authorized	Agents)		
Print Name:	_ Relationsh	ip to Decedent:	
Signature:	_ Date:	Time:	
Address:		Telephone Nbr:	
Print Name:	Relationsh	nip to Decedent:	
Signature:	_ Date:	Time:	
Address:		Telephone Nbr:	
Print Name:	Relationsh	nip to Decedent:	
Signature:	_ Date:	Time:	
Address:		Telephone Nbr:	
Print Name:	Relationsh	nip to Decedent:	
Signature:	_ Date:	Time:	
Address:		Telephone Nbr:	
FUNERAL DIRECTOR SIGNATURE:	DA	TE:	_ Time:
Print Name:	R	elationship: <u>FUNERAL D</u>	DIRECTOR



AUTHORIZATION TO CREMATE PROPERTY

DATE:	FCP ld #
Decedent:	
To: FIRST CALL PLUS of OREGON MO	RTUARY SERVICES & FIRST CALL PLUS CREMATORY
I,the disposition of the following listed Oregon Mortuary Services, L. L. C. an listed property;	having the right to control or otherwise direct personal property, hereby authorize First Call Plus on the First Call Plus Crematory TO CREMATE the following
1.	
2. 3.	
4	
5 6	
7.	
8. 9.	
10	
11	
12 13	
14	
15	
16 17	
18.	
19	
20	
LOCATION OF PROPERTY: (Circle belo	ow)
a. On or with the remains	
 b. Secure storage at First Cal 	
#1 c. Other:	
Family Member:	
Representing:	
Cremated by:	on (date) FCS ID #

Instruction: This form to be filed WITH the Crematory Record on completion of the cremation and release of the cremated remains.