

NAME OF DECEDENT: Herp Merp

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SEX:malle_F

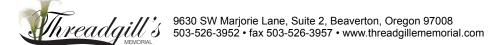
9630 SW Marjorie Lane, Suite 2, Beaverton, Oregon 97008 503-526-3952 • fax 503-526-3957 • www.threadgillememorial.com

Cremation and Disposition Authorization

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Notice : This is a legal document th	at contains important pr	ovisions concerning c	remation. Please r	ead this entire
document carefully before signing.	Cremation is an irrevers	sible and final process).	

DATE OF BIRTH	2013-01-02	DATE OF DEATH:	S	SN:
I the undersigned (the "Authorizing agen	t") hereby authorize and request Find cess the human remains of the Dece	st Call Plus C	
Schedule & Cont discretion, and accome/us. The Crema	ainer Requirement: ording to its time sched tory requires that the re	The Crematory may perform the clule, as work permits, without obtaining the mains be placed in a combustible, leany noncombustible residue, handle	remation uporing any further a	authorization or instructions from gid container for cremation. The
Type of casket or ca	remation container:	Combustible Tray Othe	er:	
Type of container re	equested for the crema	ted remains: 🔲 Plastic Temporary U	rn 🔲 Other:	
	I am the authorized I ization according to all	AUTHORIZATION egal next of kin of the Decedent or state and local laws.	are otherwise	empowered and authorized to
	bjection to this cremation	on by the spouse, any child, parent o dent.	r sibling of the	Decedent, or of provision of any
Crematory or First valuables have been	Call Plus of Oregon Near removed from the relationship of valuables, in	ghts of identification of the human Mortuary Services, L.L.C., as the De- remains or I hereby order them crer icluding dental gold, on or with the bo	cedent. All penated with the	ersonal property, clothing and or remains. I understand that any
its officers, director performance consis	rs, agent and employestent with the direction,	nless, First Call Crematory and First ees, from any claim, liability, cost of declaration, representation, authoriza rsons claiming the right to control the	r expense res	sulting from their reliance on or eements herein, including but not
contained herein ar		oriate spaces the undersigned warra ese statements are being relied on b iment.		
	DI	SPOSITION OF CREMATED RE	MAINS	
		ent to:		
[] (Initial) Cremate	ed remains will be calle	ed for by:		
		sponsible for any loss or damage of cremate		
IMP	ORTANT: ALL NEA	REST NEXT OF KIN or AUTHOR	RIZED PERS	ON MUST SIGN
GN HERE -	Signature:	D	ate:	Time:
41	Print Name:		Relationship: _	
##	Address:		Telephone	Nbr:
Funeral Directo	or Signature:		Date:	Time:



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Cremation and Disposition AuthorizationDecedent: Herp Merp

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Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or

I HEREBY CERTIFY THAT REMAINS OF THE DECEDENT DOES DOES NOT CONTAIN ANY TYPE OF MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted, mechanical, radioactive devices, or surgical implants that the funeral home is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise destroy said items.

#2

insulin pump.

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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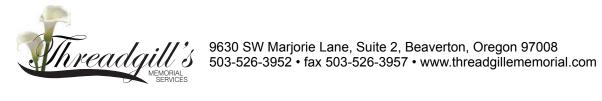
SIGNATURE OF FAMILY REPRESENTATIVE: —

Date: 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.