



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

Id #

## Cremation and Disposition Authorization

## Page One of Two

**Notice:** This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. Cremation is an irreversible and final process.

NAME OF DECEDENT: qwf

SEX: ☐ M ☐ F

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_ SSN: \_\_\_\_\_

I the undersigned ( the "Authorizing agent" ) hereby authorize and request First Call Plus Crematory ( the "Crematory" ), its agents and employees, to cremate and process the human remains of the Decedent.

**Schedule & Container Requirement:** The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles or other items attached to any cremation container.

Type of casket or cremation container: ☐ Combustible Tray ☐ Other: \_\_\_\_\_

Type of container requested for the cremated remains: ☐ Plastic Temporary Urn ☐ Other: \_\_\_\_\_

### AUTHORIZATION

I hereby state that I am the authorized legal next of kin of the Decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

I am aware of no objection to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent.

I have either identified or waived my rights of identification of the human remains that I/we released to First Call Plus Crematory or First Call Plus of Oregon Mortuary Services, L.L.C., as the Decedent. All personal property, clothing and or valuables have been removed from the remains or I hereby order them cremated with the remains. I understand that any personal property, clothing or valuables, including dental gold, on or with the body may be destroyed in the cremation process, and therefore will not be recoverable.

I hereby agree to indemnify and hold harmless, First Call Crematory and First Call Plus of Oregon Mortuary Services, L.L.C., its officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains.

By execution, including initials at appropriate spaces the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the Crematory and the undersigned has read and understood the provisions of this document.

### DISPOSITION OF CREMATED REMAINS

[ ] (Initial) Cremated remains are to be sent to: \_\_\_\_\_  
Address: \_\_\_\_\_

[ ] (Initial) Cremated remains will be called for by: \_\_\_\_\_

\* Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Common Carrier

### IMPORTANT: ALL NEAREST NEXT OF KIN or AUTHORIZED PERSON MUST SIGN

**SIGN HERE** →

#1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone Nbr: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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



## Cremation and Disposition Authorization

Page Two of Two

Decedent: qwf

**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 insulin pump.

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.

DESCRIPTION: \_\_\_\_\_

SIGN HERE →

SIGNATURE OF FAMILY  
REPRESENTATIVE: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

#2

### 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 its 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 cremated 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 →

SIGNATURE OF FAMILY  
REPRESENTATIVE: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

#3



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## Cremation and Disposition - Addendum

In re the matter of: \_\_\_\_\_

I/we understand that the cremated remains must be claimed or the disposition arranged within 30 days of the date of cremation.

### Additional Next of Kin (Authorized Agents)

Print Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Nbr: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Nbr: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Nbr: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Nbr: \_\_\_\_\_

### FUNERAL DIRECTOR

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Time: \_\_\_\_\_

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

Relationship: FUNERAL DIRECTOR



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## AUTHORIZATION TO CREMATE PROPERTY

DATE: \_\_\_\_\_

FCP Id # \_\_\_\_\_

Decedent: \_\_\_\_\_

To: **FIRST CALL PLUS of OREGON MORTUARY SERVICES & FIRST CALL PLUS CREMATORY**

I, \_\_\_\_\_ having the right to control or otherwise direct the disposition of the following listed personal property, hereby authorize First Call Plus of Oregon Mortuary Services, L. L. C. and First Call Plus Crematory **TO CREMATE** the following listed property;

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

**LOCATION OF PROPERTY: (Circle below)**

- a. On or with the remains
- b. Secure storage at First Call Plus
- c. Other: \_\_\_\_\_

**#4**

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.

This facility licensed by the Oregon State Mortuary and Cemetery Board