

Oakleaf Crematory
605 Commercial St. SE Salem, OR 97301
Cremation Authorization

You are hereby authorized and directed, subject to your rules and regulations, to cremate the remains of: _____ Date of

Death _____.

My relationship to the deceased is that of _____.

By my word, I hereby affirm that to the best of my knowledge there is no other person having the prior right to give authorization under Oregon Revised Statutes 97.130 (see below) and to control the remains of the above named decedent except _____.

OREGON REVISED STATUTES 97.130

(1) 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 individuals 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 shall not be 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 or, 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

CREMATION DISCLOSURE

The following information concerning the cremation process is provided by Oakleaf Crematory. This service is subject to the following terms and conditions:

1. The body presented is that of the named deceased.
2. Certain HEART PACEMAKERS subjected to the intense heat of a crematory could explode. The signature to this cremation authorization assumes total responsibility for damages or injury sustained to person or facilities resulting from said explosion.
3. For sanitation purposes it is the policy that the body be enclosed in a container.
4. All prostheses (hip joints, surgical pins, etc.) will be discarded after the cremation process is completed. GOLD inlays and fillings, RINGS and other JEWELRY will lose identity and will also be discarded.
5. The bulk of cremated remains will be returned, however some will be lost during the process of containerization.
6. "Final Processing" is the processing of cremated bones to an unidentifiable dimension.
7. The cremated remains will be returned in a corrugated box, unless otherwise specified.

I HEREBY CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE

Initials of Authorized Individual (s) _____

MECHANICAL DEVICES/IMPLANTS & MEDICAL TREATMENTS.

Mechanical devices, implants, pumps, heart pacemakers and certain nuclear residues in the decedent may create a hazardous condition when placed in the cremation chamber and subjected to heat. The Crematory reserves the right to refuse to cremate any human remains which contain any medical devices, implants, or if deceased was previously treated with Strontium-89 or other radioactive materials. The following describes all devices (including mechanical, prosthetic or radioactive implants or materials) which may be implanted in or attached to the Decedent.

YES ___ NO___ Has the deceased been treated with any type of radioactive drug such as Metastron, which contain Strontium-89, within the last 45 days. If yes, the deceased will be held in refrigeration until that time frame is satisfied.

Description of any heart pacemakers, pumps, mechanical devices and or implants:

Unless otherwise indicated in writing, Oakleaf Crematory or their agents are hereby authorized to remove from the body any heart pacemaker and dispose of such device(s) or any other device(s) at their sole discretion. Upon such disposition, such device(s) will be irretrievable.

I/We understand that due to the nature of the cremation process all mechanical devices and implants will either be destroyed or not recoverable. I/We also state that the above list is the complete list of all such mechanical devices, implants. I/We agree to indemnify the Funeral Home, its agents and employees against loss from any claims, or demand of damages which may be made or declared against it or them by reason of our failure to timely disclose the existence of such items.

Initials of Authorized Individual(s) _____

PERSONAL POSSESSIONS

I certify that any and all personal possessions of value to the family have been removed or will be removed from the deceased except _____.

Due to the nature of the cremation process any personal possessions or valuable materials staying with the deceased will be destroyed.

Initials of Authorized Individual(s) _____

TIME OF CREMATION

The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion and according to its time schedule as work permits without obtaining any further authorization or instructions.

YES _____ Initial(s) of Authorized Individual(s) _____

NO _____ Cremation shall take place: When: Date _____ Time _____ (AM/PM)

Witnesses: The following person(s) shall be notified about the above date and time and will/will not be in attendance to witness the casket or other container being placed in the cremation chamber.

Name: _____ Phone _____ Name _____ Phone _____

Initials of Authorized Individual(s) _____

MERCHANDISE
Casket or Alternative Container

The Crematory requires the use of a sturdy container, casket or an alternative (cremation) container, for the dignified handling and cremation of the body. The Crematory does not accept cremation containers made or constructed of noncombustible materials.

Type of casket or container selected _____

Urns/Temporary Containers

After the cremated remains have been processed, they will be placed in the designated urn or container. In the event the capacity of the urn or other container is insufficient to accommodate all of the remains of the deceased, the Crematory is hereby authorized to return cremated remains in a temporary container.

Type of urn selected _____

Initials of Authorized Individual(s) _____

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. PLEASE READ THIS DOCUMENT BEFORE SIGNING.

Executed at _____
Time _____ a.m. p.m. this _____ day of _____, 20____
Name _____ Relationship _____
Signature _____ Telephone Number _____
Address _____ City/State/Zip _____

Name _____ Relationship _____
Signature _____ Telephone Number _____
Address _____ City/State/Zip _____

Name _____ Relationship _____
Signature _____ Telephone Number _____
Address _____ City/State/Zip _____

Name _____ Relationship _____
Signature _____ Telephone Number _____
Address _____ City/State/Zip _____

Notary if not witnessed by a Funeral Director
State of _____, County of _____
This instrument was acknowledged before me on _____, 20____
By _____

Notary Public

My Commission Expires

The Funeral Home in Charge _____
The Funeral Director in Charge _____
Signature _____
Oakleaf # _____ State I.D. # _____

Authorization and Instruction for Disposition of Cremated Remains
Directed to: Virgil T. Golden Funeral Service, Salem, Oregon

Virgil T. Golden Funeral Service, hereinafter called Golden's, are hereby authorized and directed, subject to their rules and regulations, to make disposition of the cremated remains of _____.
Golden's are to follow the instructions adjacent to the box that I have initialed below.
Initial the appropriate selection only after reading all selections:

____ 1. **Golden's are to release cremains to one of the below named persons:**
Print name below: _____ Person sign/date when receiving cremains _____
1. _____ { } _____ / /
2. _____ { } _____ / /
Golden's Staff Witness: _____ / /

____ 2. **Golden's are to deliver cremains by direct hand-carry & delivery to:**

Golden's Personnel Making Delivery: _____
Cremains Received From Golden's by: _____ / /

____ 3. **Golden's are to make shipment of cremains** via Registered, Return Receipt Requested, U.S. Mail.
to: _____
Post Office Receipt to be attached to this form.
Golden's Personnel to Post Office: _____ / /

____ 4. **Golden's are to scatter cremains** via (Airplane ___) (Boat ___) (Hand-carry ___) It is understood that such final disposition shall be over (Land ___) (Ocean ___), in the vicinity of _____ and will not conflict with any federal or state statutes relative there-to. [Attach Identifying Metal Disc Here]
Date scattered ___ / ___ / ___ by L.F.P. _____ Licensee # _____

I hereby acknowledge that I have read all the above four selections and having initialed the line adjacent to my desired wish, that this, and only this, selection becomes my written instruction to Golden's. I hereby agree to assume all liability for any cause growing out of said Release, Delivery, Shipment, or Scattering and do hereby indemnify and hold harmless, Virgil T. Golden Funeral Service, the Air or Marine Charter Company, their officers and employees from any cost and expense resulting from any and all claims related to said instructions.

Any changes to these instructions must be authorized in writing by the person signing this authorization.

Please note: CREMATED REMAINS (sometimes referred to as ashes) are not fine ash as found after a fire. They are made up of the calcified fragments left from bone. They will weigh an average of four to six pounds.

Dated this _____ day of _____ 20___. Signature: _____
NAME: (Print) _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Witness: _____

Notary, if not witnessed by L.F.P.
Notary Public: _____
My commission expires: _____