AFFORDABLE BURIAL AND CREMATION

915 NE Yaquina Heights Drive, Newport, Oregon 97365

CREMATION AND DISPOSITION AUTHORIZATION

NOTICE: THIS IS A LEGAL DOCUMENT THAT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

NAME OF DECEDENT: _____ DATE OF DEATH: _____ TIME: _____

LOCATION OF DEATH: _____ Name of Facility/Street Address, City, St. Zip

DATE OF BIRTH: _____ AGE: _____ SEX: _____ I.D. TAG#: _____

I/We, the undersigned "Authorizing Agent(s)," hereby authorize and request in accordance with and subject to the rules and regulations and any applicable state or local laws or regulations, Affordable Burial and Cremation ("the Funeral Home") or any agent of the Funeral Home to arrange with Oregon Coast Crematorium or _____ ("the Crematory") to cremate the human remains of: __ _____ ("the Decedent") and arrange for the final disposition of the cremated remains, as set forth in this form.

Initials of Authorized Agent(s): _____

IDENTIFICATION

I/We have identified the human remains that were delivered to the Funeral Home as the Decedent and have authorized the Funeral Home to deliver the Decedent to the Crematory. If no identification is made, I/We hereby waive such identification.

Initials of Authorized Agent(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); _____ (NO) If no. then the cremation shall take place: DATE: _____ TIME: _____ (AM / PM)

Initials of Authorized Agent(s): _____

MERCHANDISE

The Crematory will not accept the remains of the Decedent for cremation, unless they are received in a suitable cremation container. The Crematory reserves the right to accept or reject a cremation container constructed of non-combustible material.

Type of casket or container selected: _____

The Funeral Home or Crematory is authorized to dispose of residue from a non-combustible container accepted for cremation such as handles or other items attached to any cremation container at its sole discretion.

Urn _____

Initials of Authorized Agent(s): _____, _____ , _____ , _____ , _____ , _____

FINAL DISPOSITION

Select by circling the appropriate number below the method of final disposition of the cremated remains:

1) Funeral Home will hold the cremated remains for pick up. Funeral Home is authorized to release the cremated remains to:

Name(s): _____ Relationship to deceased: _____

2) The Funeral Home will transport cremated remains for interment/inurnment at:

Name of Cemetery/Mausoleum: _____

Address: _____ City/State/Zip: _____

3) The Funeral Home will deliver cremated remains to the United States Postal Service for shipment via USPS Mail to:

Name: _____

Address: _____ City/State/Zip: _____

If item 1) is chosen, in the event cremated remains are not picked up within 30 days of the cremation, upon written notice if required by state law, the Funeral Home is authorized to dispose of the cremated remains in any manner it may deem suitable, at any time thereafter.

Initials of Authorized Agent(s): _____, _____ , _____ , _____ , _____ , _____

INFORMATIONAL DISCLOSURES

Disclosure of Mechanical Devices.

Mechanical devices, implants and certain nuclear medicine residues in the Decedent may create a hazardous condition; devices (including mechanical, prosthetic. or radioactive implants or materials) when placed in a cremation chamber are subjected to heat. The Crematory may not cremate any human remains that contain any mechanical devices, implants, or if deceased was previously treated with Strontium-89. Unless otherwise indicated in writing, the Funeral Home is authorized to dispose of such devices at its sole discretion. Upon such disposition, such devices 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, treatments, and radioactive materials received by the Decedent. I/We agree to indemnify Funeral Home, its agents and employees against loss from any claims, demands or 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 Agent(s): _____, _____ , _____ , _____ , _____ , _____

CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization. The Funeral Home places the remains of the Decedent in a combustible casket or other container and delivers it to the Crematory. The Crematory then will place the casket or container and the human remains into a cremation chamber. Incineration of the container and contents is accomplished by substantially increasing the temperature in the cremation chamber until combustion is obtained. After approximately two and one-half hours, all substances are consumed or driven off, except bone fragments (calcium compounds) and metal as the temperature is not sufficiently high enough to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the Decedent and not removed from casket or container prior to cremation will be destroyed or will otherwise not be recoverable. As the casket or container will usually not be opened by the Crematory, the Authorized Agent(s) understands that arrangements must be made with the Funeral Home to remove any 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 and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Authorized Agent(s) understand and accepts this fact.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. After the bone fragments have been separated from any metal or 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 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 a designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container with the exception of dust or other residue that may remain in the processing equipment The Funeral Home or the agent for the Funeral Home will pick up the urn/container containing the cremated remains and deliver/dispose of it as directed by the Authorized Agent(s)

I/We have read and understand this disclosure concerning the cremation process.

Initials of Authorized Agent(s): _____, _____ , _____ , _____ , _____ , _____

AUTHORIZATION

I/We therefore state that I/We am/are the closest living next of kin of the Decedent or am/are otherwise empowered and authorized* to execute this authorization according to all state and local laws. I/We am/are aware of no objections to this cremation by the spouse, any child, parent or sibling of the Decedent, or of any provisions of any contractor instruction made by the Decedent.

I/We have either identified or waived our rights of identification as noted above of the human remains that were delivered to the Funeral Home as the Decedent and I/We have authorized the Funeral Home to deliver the Decedent to the Crematory.

I/We hereby agree to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations arid agreements herein, including, but not limited to any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent, By execution of this form below and initials at appropriate spaces for Authorizing Agent(s) of this two-page form the undersigned(s) warrant(s) that all representations and statements contained in this form are true and correct, that the Funeral Home and the Crematory are relying on these statements, arid that the undersigned has/have read and understood the provisions of this document.

*PLEASE REFER TO OREGON REVISED STATUTES 97.130 FOR COMPLETE LISTING OF REQUIREMENTS AND PROVISIONS

Executed at _____ on the _____ day of _____ 2023 at _____ am/pm

AUTHORIZED AGENT(S)

1. _____ _____ _____ _____ _____

PRINTED NAME | SIGNATURE | RELATIONSHIP TO DECEDENT | DATE | TIME

_____ _____ _____ _____

STREET ADDRESS | CITY | ST | ZIP CODE | PHONE NUMBER

FUNERAL HOME REPRESENTATIVE

_____ _____ _____ _____

NAME | SIGNATURE | DATE | TIME

AUTHORIZATION (PART II)

I/We therefore state that I/We am/are the closest living next of kin of _____ (the Decedent) or am/are otherwise empowered and authorized* to execute this authorization according to all state and local laws. I/We am/are aware of no obligations to this cremation by the spouse, any child, parent or sibling of the Decedent, or of any provisions of any contractor instruction made by the Decedent.

I/We have either identified or waived our rights of identification as noted above of the human remains that were delivered to the Funeral F-Ionic as the Decedent and I/We have authorized the Funeral Home to deliver the Decedent to the Crematory.

I/We hereby agree indemnity and hold harmless the Funeral Home and the Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations arid agreements herein, including. but not limited to any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent, By execution of this form below and initials at appropriate spaces for Authorizing Agent(s) of this two-page form the undersigned(s) warrant(s) that all representations and statements contained in this form are true and correct, that the Funeral Home and the Crematory are relying on these statements, arid that the undersigned has/have read and understood the provisions of this document.

*PLEASE REFER TO OREGON REVISED STATUTES 97.130 FOR COMPLETE LISTING OF REQUIREMENTS AND PROVISIONS

Executed at _____ on the _____ day of _____ 2023, at _____ a.m. / p.m.

ADDITIONAL AUTHORIZED AGENT(S)

2. _____ _____ _____ _____ _____
PRINTED NAME | SIGNATURE | RELATIONSHIP TO DECEDENT | DATE | TIME

_____ _____ _____ _____ _____
STREET ADDRESS | CITY | ST | ZIP CODE | PHONE NUMBER

3. _____ _____ _____ _____ _____
PRINTED NAME | SIGNATURE | RELATIONSHIP TO DECEDENT | DATE | TIME

_____ _____ _____ _____ _____
STREET ADDRESS | CITY | ST | ZIP CODE | PHONE NUMBER

4. _____ _____ _____ _____ _____
PRINTED NAME | SIGNATURE | RELATIONSHIP TO DECEDENT | DATE | TIME

_____ _____ _____ _____ _____
STREET ADDRESS | CITY | ST | ZIP CODE | PHONE NUMBER

5. _____ _____ _____ _____ _____
PRINTED NAME | SIGNATURE | RELATIONSHIP TO DECEDENT | DATE | TIME

_____ _____ _____ _____ _____
STREET ADDRESS | CITY | ST | ZIP CODE | PHONE NUMBER

FUNERAL HOME REPRESENTATIVE

_____ _____ _____ _____
PRINTED NAME | SIGNATURE | DATE | TIME

RECEIPT OF CREMATED REMAINS

_____
_____
NAME OF DECEDENT | NAME OF PERSON AUTHORIZED TO RECEIVE REMAINS

CREMATED REMAINS RECEIVED BY:

_____ _____ _____ _____
PRINTED NAME OF PERSON RECEIVING CREMAINS | SIGNATURE | DATE RECEIVED | TIME

CREMATED REMAINS RELEASED BY (FUNERAL HOME REPRESENTATIVE):

_____ _____ _____ _____
PRINTED NAME OF LICENSEE OR REPRESENTATIVE | SIGNATURE | DATE RELEASED | TIME