## Macy and Son Crematory 135 NE Evans • 503-472-6151 McMinnville, Oregon 97128

## **CREMATION AUTHORIZATION**

Date	, 20		Time	
1,		hereby	v authorize and direct, subject to your rules and regulations,	
o cremate the r				
My relationship Upon my authorization un	to the deceased is that of oath, and under penalty of law, I hereby der Oregon Revised Statutes 97.130 (see be	y affirm that to the best of my knowled low), and to control the remains of the abo	lge there is no other person having the prior right to give	
		D STATUTES ORS • 97.1		
practitioner section, dis	ual of sound mind who is 18 years of age or o	older, by completion of a written signed inst any lawful manner of disposition of the indiv	trument or by preparing or prearranging with any funeral service vidual's remains. Except as provided under subsection (6) of this funeral service practitioner licensed under ORS chapter 692 shall	
direction by or the eldes i)	the decedent as described under subsection (1)	of this section or actual notice of opposition direct any lawful manner of disposition of a	the time of death or, in the absence of actual notice of a contrary by completion of a written instrument by a majority of the members decedent's remains by completion of a written instrument:	
ii) iii)	either parent of the decedent;			
iv) v)	a brother or sister of the decedent 18 years of a guardian of the decedent at the time of the d	leath;		
vi) vii)	a person in the next degree of kindred to the d the personal representative of the estate of the	e decedent;		
viii) ix)	the person nominated as the personal represe a public health officer.	ntative of the decedent in the decedent's last	will;	
3) The deceder person 18 y	The decedent or any person authorized in subsection (2) of this section to direct the manner of disposition of the decedent's remains may delegate such authority to a person 18 years of age or older. The person to whom the authority is delegated shall have the same authority under subsection (2) of this section as the person delegating the authority.			
If the deced     disposition	ent directs a disposition under subsection (1) or the estate of the decedent has insufficient fu	ects a disposition under subsection (1) of this section and those financially responsible for the disposition are without sufficient funds to pay for such state of the decedent has insufficient funds to pay for the disposition, or if the direction is unlawful, the direction shall be void and disposition shall be the direction provided by those persons given priority in subsection (2) of this section and who agree to be financially responsible.		
		CREMATION DISCLOSUR	E	
	g information concerning the cremation proces	ss is provided by Macy and Son Crematory. T	This service is subject to the following terms and conditions:	
. Certain HEA assumes to	al responsibility for damages or injury sustained	ICES subjected to the intense heat of a crema ed to persons or facilities resulting from said	atory could explode. The signatory to this cremation authorization explosion.	
<ul> <li>All prostnes their identity</li> <li>The bulk of Final proces</li> </ul>	y and will also be discarded. the cremated remains will be returned, howeve using is the pulverization of cremated remains t	rded after the cremation process is complet or some will be lost during the process of con o an unidentifiable dimension.	ed. GOLD inlays and fillings, RINGS and other JEWELRY will los	
. The cremate	ed remains will be returned in a corrugated or p	HAVE READ AND UNDE	RSTAND THE ABOVE.	
Signature		Date	Phone No	
			Phone No	
Signature		Date	Phone No	
uneral Director			Date of Death	
Description of u	rn & cremation container			
•	Please initial the boxes afte			
	Has the deceased been fitted	with a PACEMAKER or OTHER MEDICAL DEV	/ICES? Yes No	
PACEMAKER OR OTHER DEVICES	If "Yes", I hereby authorize the persons before delivery to the	ne removal of any heart pacemaker or other m	edical devices by the Funeral Director in charge or other authorized	
PERSONAL POSSESSION		onal possessions of value to the family have b	een removed from, or will be removed from, the deceased except:	
VIEWING	Will there be a scheduled vie	wing? Yes No If yes, when?		
REMATED RE	MAINS ARE TO BE			
Signature				
Print Name of F	Person Receiving Cremated Remains		-	
			Date	
nymature of Pe	ISON NECESTALLY OF STRAIGHT METHANIS			

Funeral Home Representative Signature