



Cremation # _____
State ID # _____

"Helping You Serve Families Better"

CREMATION AUTHORIZATION

I, _____, hereby authorize and direct Portland Cremation Center, LLC, subject to its rules and regulations, to cremate the body of my _____
(Relationship)

(Name of deceased) _____

Upon my oath and under penalty of perjury, I hereby swear and affirm that, to the best of my knowledge, there is no other person having a prior right to give this authorization to control the remains of the above-named except _____, who has given me written or telegraphic instructions to sign the authorization.

Said instructions are herewith filed with Portland Cremation Center, LLC. Also, I hereby agree to hold Portland Cremation Center, LLC, the Funeral Director, or person acting as such, their officers and employees harmless from any liability cost or expenses resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions.

DISCLOSURES, TERMS & CONDITIONS

1. The body presented to Portland Cremation Center, LLC is that of the named deceased.
2. **PACEMAKER ALERT:** The Deceased _____ **HAS/** _____ **HAS NOT (PLEASE INITIAL)** been fitted with a heart pacemaker. If the decedent has been fitted with a heart pacemaker, I authorize you to remove the pacemaker and dispose of it in such manner as you determine _____ (PLEASE INITIAL) (Pacemakers explode and can damage the crematory or harm staff).
3. **RADIATION ALERT:** The Deceased _____ **HAS/** _____ **HAS NOT (PLEASE INITIAL)** received any type of radioactive drug such as Metastron, which contains Stronium-89. Extra protective equipment is needed, as well as extensive clean-up procedures, during the cremation process. It is recommended that the ashes be kept in a sealed metal urn and buried (Not scattered).
4. For sanitation purposes, it is the policy of Portland Cremation Center, LLC, that the body be placed in a rigid enclosed container. Fiberglass caskets are not acceptable.
5. All prostheses (Hip joints, surgical pins, etc.), bridgework or similar items will be separated and recycled through Enviro-Medical Implant Recycling after the cremation process is completed. Gold inlays, rings and jewelry will lose their identity and will be separated and recycled as well.
6. Pulverizing of the cremated remains by crushing and grinding is part of the normal process involved in preparing the cremated remains.
7. The bulk of the pulverized remains will be returned, however, some will be irreclaimable during the processing and containerization.
8. The amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess pulverized, cremated remains will be placed in a separate container and will accompany the primary urn or temporary container when released. Urns should be 200 cubic inches or larger for the average adult.
9. Persons authorizing cremation shall, at his or her sole expense, agree to defend, hold harmless and indemnify Portland Cremation Center, LLC, its officers, directors, employees and agents from any claim, liability, suit, cause of action, cost or expense (including, without limitation, reasonable attorney's fees incurred) resulting, in any way, from reliance on or performance consistent with the direction, declarations, representation, authorizations and agreements herein, but not limited to any delay arising from the transportation of the Decedent's body or cremated remains.
10. If shipment of cremated remains is required, I will direct they be shipped via Registered US Mail.

DISPOSITION OF CREMATED REMAINS

_____ (Initial) Cremated remains are to be sent to: _____
Address: _____

_____ (Initial) Cremated remains will be called for by: _____

_____ (Initial) Other: _____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE

This authorization must be signed in the presence of a funeral director, or person acting as such, or notarized.

Signature: _____
Printed Name: _____
Date & Time: _____
Address: _____
City, State and Zip Code: _____
Telephone #: _____

Signature: _____
Printed Name: _____
Date & Time: _____
Address: _____
City, State and Zip Code: _____
Telephone #: _____

Funeral Director Signature: _____ Representative of Portland Cremation Center, LLC

Funeral Director Printed Name: _____

Firm Name: _____

Subscribed and sworn before me on this _____ day of _____, 20____. Notary Seal

My commission expires: _____

Notary Public: _____

This facility licensed by the Oregon Mortuary and Cemetery Board (971) 673-1500

MODIFIED 111215

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