



8972 SW Tualatin Sherwood Rd
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Office: 503-445-9510

Dissolution Disposition Authorization

Page One of Two

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

NAME OF DECEDENT: _____

SEX: M F

Id #

DATE OF BIRTH: _____ DATE OF DEATH: _____

I the undersigned (the "Authorizing agent") hereby authorize and request Cascade Mortuary Services, Inc. dba Aqua Green Dissolution / Eco-Friendly Flameless Cremation (the "Alternative Disposition Facility"), its agents and employees, to execute dissolution by alkaline hydrolysis and process the remains of the Decedent.

Authorization for DISSOLUTION

[] Initial _____

Schedule & Container Requirement: The Alternative Disposition Facility may perform the dissolution 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.

Dissolution: the Alternative Disposition Facility requires that prior to delivery the remains are free of all items, clothing, jewelry, and personal effects of value and placed in a leak resistant material (moisture barrier). Any items delivered with the deceased will be disposed of by the Alternative Disposition Facility according to their standard operating procedures. Only remains may enter the dissolution chamber.

For a placement viewing please choose a covering for the deceased: [] Silk Wrap [] Hospital gown

Container: Type of container requested for the processed cremated or alternative disposition 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 dissolution 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 Cascade Mortuary Services, Inc. and Aqua Green Dissolution Eco-Friendly Flameless Cremation as the Decedent. All personal property, clothing, and or valuables have been removed from the remains or I hereby order them disposed of. I understand that all items, personal property, clothing or valuables, including dental gold, on or with the body may be destroyed in the process, and will not be recoverable and authorize the Alternative Disposition Facility to dispose of all in a lawful manner, including recycling all prosthesis, bridgework, or similar items.

I hereby agree to indemnify and hold harmless, Cascade Mortuary Services, Inc. and Aqua Green Dissolution Eco-Friendly Flameless Cremation, 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 or alternative disposition 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 Alternative Disposition Facility and the undersigned has read and understood the provisions of this document.

ALTERNATIVE DISPOSITION OF REMAINS

[] (Initial) Alternative Disposition remains are to be sent to: _____

Address: _____

[] (Initial) Alternative Disposition remains will be called for by: _____

Continued on next page.

Id #

Dissolution Disposition Authorization

Decedent: _____

SIGN HERE →

Signature: X _____ Date: _____ Time: _____

Print Name: _____ Relationship: _____

Address: _____ Telephone Nbr: _____

Signature of Funeral Home licensee acquiring the authorization: X _____ Date: _____

Printed Name of Funeral Home Licensee: _____

Mechanical Devices, Implants, and Radioactive Substances: Mechanical Devices, Implants, and Radioactive Substances (certain nuclear medicine residues) may create a hazardous condition when placed in a dissolution chamber and subjected to heat, pressure, and dissolution compounds. The Alternative Disposition Facility will not dissolve any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker, radioactive device, or insulin pump (and must be informed of the identity of any radioactive substances such as medical Metastron which contains Strontium-89) without being informed.

I HEREBY CERTIFY THAT REMAINS OF THE DECEDENT **DOES** **DOES NOT** CONTAIN ANY TYPE OF MECHANICAL DEVICES, IMPLANTS, AND RADIOACTIVE DEVICES/SUBSTANCES (Circle One)

Listed below are all implanted, mechanical, radioactive device(s), 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 and be informed of any radioactive substances.

DESCRIPTION: _____

SIGN HERE →

SIGNATURE OF AUTHORIZED AGENT _____ Date: _____ Time: _____

Processing of Alternative Disposition Remains

After the alternative disposition remains are removed from the dissolution 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 processed remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the remains have been processed, they will be placed into the designated urn or container. The Alternative Disposition Facility 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 Processing of Alternative Disposition Remains.

*** Funeral Home and Alternative Disposition Facility are not responsible for any loss or damage of alternative disposition remains shipped via Common Carrier**

SIGN HERE →

SIGNATURE OF AUTHORIZED AGENT: _____ Date: _____ Time: _____

Directive to Dispose of Property- Addendum

NAME OF DECEDENT: _____

To: Cascade MORTUARY SERVICES & AQUA GREEN DISSOLUTION ECO-FRIENDLY FLAMELESS CREMATION

I, _____ having the right to control or otherwise direct the disposition of the following listed personal property, hereby authorize Cascade Mortuary Services, Inc., and Aqua Green Dissolution Eco-Friendly Flameless Cremation **TO DISPOSE OF** the following listed property;

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

SIGN HERE →

SIGNATURE OF AUTHORIZED AGENT: _____

Printed Name: _____ Date: _____ Time: _____

Signature of Funeral Home licensee acquiring the authorization: X _____ Date: _____

Printed Name of Funeral Home Licensee: _____

Dissolution Disposition - Addendum

In re the matter of: _____

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

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: _____

WITNESS: _____ **DATE:** _____ **Time:** _____

Print Name: _____ Relationship: _____