



8972 SW Tualatin Sherwood Rd
Tualatin, OR 97062
Office: 503-445-9510

Cremation and Dissolution Disposition Authorization

Page One of Three

Notice: This is a legal document that contains important provisions concerning Cremation and Dissolution. Please read this entire document carefully before signing. Cremation and Dissolution are 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 Cascade Crematory (the "Crematory") and Aqua Green Dissolution / Eco-Friendly Flameless Cremation (the "Alternative Disposition Facility"), its agents and employees, to cremate or execute dissolution by alkaline hydrolysis and process the remains of the Decedent.

Authorization for **CREMATION**

[] Initial _____

Authorization for **DISSOLUTION**

[] Initial _____

Schedule & Container Requirement: The Crematory or Alternative Disposition Facility may perform the cremation or 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.

Cremation: The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles or other items attached to any cremation container.

Type of casket or cremation container: [] Combustible Tray [] Air Tray/Combo Tray [] Other: _____

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 Alternative Disposition Facility according to their standard operating procedures. Only remains may enter the dissolution chamber.

Type of dissolution chamber material: [] Silk Wrap [] NO Silk Wrap

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 cremation or 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 Cascade Crematory 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 cremated with the remains or disposed of in the case of dissolution. 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 Crematory and/or 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 Cascade Crematory 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.

Continued on next page.

Id #

Cremation and Dissolution Disposition Authorization

Decedent: _____

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 Crematory and Alternative Disposition Facility and the undersigned has read and understood the provisions of this document.

DISPOSITION OF CREMATED or ALTERNATIVE DISPOSITION REMAINS

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

Address: _____

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

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 cremation or dissolution chamber and subjected to heat, pressure, and dissolution compounds. The Crematory and Alternative Disposition Facility will not cremate or 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: _____

Cremation Process

The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures above 1850 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and some metals, as the temperature is not sufficiently high 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 body prostheses or dental bridgework); that are left with the decedent and not removed from the casket or container prior to cremation may be destroyed or will otherwise not be recoverable will be disposed of in any lawful manner including recycling. The Authorized Agent understands that arrangements must be made with the Funeral Home to remove 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 it 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 or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

Cremation and Dissolution Disposition Authorization

Decedent: _____

Processing of Cremated and Alternative Disposition Remains

After the cremated or alternative disposition remains are removed from the cremation or 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 cremated 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 Crematory and 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 Cremation Process and the Processing of Cremated and Alternative Disposition Remains.

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

SIGN HERE →

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

Id #

Directive to Cremate and/or Dispose of Property- Addendum

NAME OF DECEDENT: _____

To: **CASCADE MORTUARY SERVICES & CASCADE CREMATORY & 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 Cascade Crematory and Aqua Green Dissolution Eco-Friendly Flameless Cremation **TO CREMATE and/or 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: _____

Id #

Cremation and Dissolution Disposition - Addendum

In re the matter of: _____

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

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: _____