



MORTUARY SERVICES

EMBALMING AUTHORIZATION FORM

8972 SW Tualatin Sherwood Rd

Tualatin, OR 97062

Office: 503-445-9510

INSTRUCTIONS TO FUNERAL HOME:

Please complete the "Oral Permission" section of the document after receiving oral permission and have the legal NOK sign written authorization. Cascade Mortuary Services, Inc. will not embalm until the written portion from the funeral home is received (new clients must return both Funeral Home authorization and Family/NOK authorization before embalming occurs). **FAX BACK TO OUR OFFICE AT 503-445-4914**

Date of Death

Name of Decedent (Last name, first name, MI)

FCMS # _____

FUNERAL HOME

FUNERAL DIRECTOR- ORAL PERMISSION:

Name of person with right to control disposition


Relationship to the decedent

Date contacted _____ Time contacted _____

Phone number of authorizing individual _____

X _____
Signature of funeral home licensee / representative acquiring the oral permission

Printed name of funeral home licensee / representative acquiring the oral permission

 **SPECIAL INSTRUCTIONS:** _____

FAMILY / NOK

LEGAL NOK- WRITTEN EMBALMING AUTHORIZATION
CONFIRMATION OF ORAL PERMISSION Required by ORS 97.130(1) and (2)

I, _____, being the decedent's _____,
(Printed name of person with right to control disposition) (Relationship to deceased)

requests the funeral home or mortuary service to embalm the body of:

(Name of deceased)

Phone number of authorizing individual _____

X _____
Signature of the person with the right to control disposition Date signed Time signed

Funeral home licensee signature/representative acquiring written authorization

Printed name of funeral home licensee / representative acquiring written authorization

"Written documentation of permission to embalm or cremate a human remains is required from the person who has the right to control disposition of the remains pursuant to ORS 97.130(1) and (2). The record of such authorization shall be made to include as a minimum: The name of the authorizing individual and relationship to the deceased, date and time contacted, phone number and name of the licensee or funeral home representative acquiring the authorization (does not apply to cemetery or crematorium records)."