



# FIRST CALL MORTUARY SERVICES INC

4835 NE Pacific Street  
Portland, OR 97213-2875

Office: 503-445-9510  
Fax: 503-445-4914

REMOVALS      EMBALMING      CREMATION      SHIPPING      ESCORT

## EMBALMING AUTHORIZATION FORM

### 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. First Call 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)."