

# BioGift Anatomical

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[www.biogift.org](http://www.biogift.org)

## BIOGIFT USE ONLY

Date of Death

State Where Death Occurred

ID Number

## CREMATION AUTHORIZATION FORM

### PLEASE READ COMPLETELY BEFORE SIGNING

This cremation authorization is for \_\_\_\_\_ whose date of birth is \_\_\_\_\_.  
Name of Donor / Decedent

I the undersigned hereby authorize BioGift and request in accordance with and subject to the rules and regulations within the State of Oregon for BioGift to arrange with;

\_\_\_\_\_ (The Crematory) to cremate and process the human remains  
(to be filled in by BioGift)

of: \_\_\_\_\_  
Name of Donor / Decedent

I hereby state that I am the donor or the closest living next of kin of the donor/decedent, or are otherwise empowered and have authorization to execute this cremation authorization per Oregon State rules and regulations.

### **OREGON REVISED STATUTE 97.130 Right to control disposition of remains; delegation.**

**97.130 Right to control disposition of remains; delegation.** (1) Any individual of sound mind who is 18 years of age or older, by completion of a written signed instrument or by preparing or prearranging with any funeral service practitioner licensed under ORS chapter 692, may direct any lawful manner of disposition of the individual's remains. Except as provided under subsection (6) of this section, disposition directions or disposition prearrangements that are prepaid or that are filed with a funeral service practitioner licensed under ORS chapter 692 shall not be subject to cancellation or substantial revision.

(2) A person within the first applicable listed class among the following listed classes that is available at the time of death or, in the absence of actual notice of a contrary direction by the decedent as described under subsection (1) of this section or actual notice of opposition by completion of a written instrument by a member of the same class or a member of a prior class, may direct any lawful manner of disposition of a decedent's remains by completion of a written instrument:

- (a) The spouse of the decedent.
- (b) A son or daughter of the decedent 18 years of age or older.
- (c) Either parent of the decedent.
- (d) A brother or sister of the decedent 18 years of age or older.
- (e) A guardian of the decedent at the time of death.
- (f) A person in the next degree of kindred to the decedent.
- (g) The personal representative of the estate of the decedent.
- (h) The person nominated as the personal representative of the decedent in the decedent's last will.
- (i) A public health officer.

(3) The decedent or any person authorized in subsection (2) of this section to direct the manner of disposition of the decedent's remains may delegate such authority to any person 18 years of age or older. Such delegation shall be made by completion of the written instrument described in subsection (7) of this section. The person to whom the authority is delegated shall have the same authority under subsection (2) of this section as the person delegating the authority.

(4) If a decedent or the decedent's designee issues more than one authorization or direction for the disposal of the decedent's remains, only the most recent authorization or direction shall be binding.

(5) A donation of anatomical gifts under ORS 97.951 to 97.982 shall take priority over directions for the disposition of a decedent's remains under this section only if the person making the donation is of a priority under subsection (1) or (2) of this section the same as or higher than the priority of the person directing the disposition of the remains.

(6) If the decedent directs a disposition under subsection (1) of this section and those financially responsible for the disposition are without sufficient funds to pay for such disposition or the estate of the decedent has insufficient funds to pay for the disposition, or if the direction is unlawful, the direction shall be void and disposition shall be in accordance with the direction provided by those persons given priority in subsection (2) of this section and who agree to be financially responsible.

(7) The signature of the individual shall be required for the completion of the written instrument required in subsection (3) of this section. The following form or a form substantially similar shall be used by

### **DISCLOSURE OF MECHANICAL DEVICES**

By initialing here I hereby grant and authorize BioGift to remove any mechanical devices like a pacemaker, insulin pump, etc. prior to the cremation process.

**Initial Here** \_\_\_\_\_

**INITIAL HERE THAT YOU HAVE READ THIS PAGE** \_\_\_\_\_

**Cremation authorization continued for;** \_\_\_\_\_  
(Name of Donor / Decedent)

### DISPOSITION OF CREMATED REMAINS

If BioGift cannot return the cremated remains by the directed instructions then I hereby grant BioGift authorization to scatter the cremated remains. BioGift will wait a minimum of 180 days after date of death and attempting to follow the directions provided by the donor or next of kin signing this form before scattering will take place.

**Initial here that you have read this statement** \_\_\_\_\_ .

**By placing my initials next to my choice I hereby direct BioGift or its agents to:**

\_\_\_\_\_ **Deliver** the Cremated Remains within 30 miles of the BioGift office to:  
Initial here

\_\_\_\_\_ **Mail** the Cremated Remains by U.S. Postal Service Registered mail to:  
Initial here

Name of individual or cemetery \_\_\_\_\_ Phone \_\_\_\_\_

At this address; \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ **Scatter** the Cremated Remains of, \_\_\_\_\_, by me initialing for  
Initial here Name of donor/decedent

BioGift, its employees or agents to scatter the cremated remains of: \_\_\_\_\_,  
Name of donor/decedent

indemnify and hold harmless for any unforeseen regrets or change of heart decisions after the direction was given for BioGift, its employees or agents to scatter the cremated remains of: \_\_\_\_\_.  
Name of donor/decedent

### AUTHORIZATION

I understand that all personal property, clothing, and/or valuables, have been removed from the donor/decedent or I hereby order them to be cremated with the donor/decedent. I understand that any personal property, clothing, or valuables, including dental gold or any type of metal jewelry on or with the body, will be destroyed in the cremation process, **therefore will not be recoverable**

By signing this form I state that I have read this cremation authorization completely and I hereby agree to indemnify and hold harmless, BioGift and the Crematory, its officers, directors, agents and employees from any claim, liability cost or expense resulting from the reliance on or the performance consistent with the direction, declaration, representation authorization and agreement herein, including but not limited to claims brought by other persons claiming the right to control the disposition of the donor/decedent or the donor's/decedent's cremated remains.

These statements are being relied upon by BioGift and the Crematory to conform to all rules and regulations by State and local laws.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Witness Section – I hereby state that this cremation authorization was signed in my presence:**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date signed \_\_\_\_\_ Time when signed \_\_\_\_\_

Approved by BioGift Staff \_\_\_\_\_