

## BioGift Anatomical

17819 NE Riverside Parkway Ste. C Portland, OR 97230

Phone – 503-670-1799 Fax – 503-670-1834

[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

By completing this cremation authorization form I hereby authorize BioGift in accordance with and subject to the rules and regulations within the State of Oregon for BioGift to arrange with;

\_\_\_\_\_ (The Crematory) to perform the cremation.  
(to be filled in by BioGift)

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.

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 complete this cremation authorization and direct the disposition of the donor / decedent's cremated remains.

My initials state that I am:

- \_\_\_\_\_ Self / Donor to be
- \_\_\_\_\_ Spouse of the donor / decedent
- \_\_\_\_\_ Son or Daughter at least 18 years of age, of the donor / decedent, without any of the previous next of kin listed previously still living or capable to sign this form.
- \_\_\_\_\_ Either Parent of the donor / decedent without any of the previous next of kin listed previously still living or capable to sign this form.
- \_\_\_\_\_ Brother or Sister of the donor / decedent, without any of the previous next of kin listed previously still living or capable to sign this form.
- \_\_\_\_\_ An individual in the next degree of kindred to the donor / decedent without any of the previous next of kin listed previously still living or capable to sign this form.
- \_\_\_\_\_ Legal authority, please list \_\_\_\_\_  
*You must supply proper documentation to verify this authority.*

### Cremation Information

Because of the cremation process, any personal possessions such as jewelry, clothes or other valuable materials that are left with the decedent will be destroyed. It is understood that these items **will not be recoverable**. Any kind of prosthesis, like hip joints or surgical pins, etc. will be disposed of after the cremation process.

**CREMATION AUTHORIZATION FORM** continued for; \_\_\_\_\_  
(Name of Donor / Decedent)

**Mechanical Devices Alert**

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

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

**Directions for Disposition of the Cremated Remains**

By placing my initials next to my **ONE** choice I hereby direct BioGift or its agents to return the cremated remains by:

\_\_\_\_\_ **Delivering** the Cremated Remains within **30 miles** of the BioGift office in Portland, Oregon to:

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

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

\_\_\_\_\_ **Mailing** the Cremated Remains by U.S. Postal Service to:

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

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

\_\_\_\_\_ **Scattering** the Cremated Remains of, \_\_\_\_\_, by me initialing for

Initial here Name of donor/decedent  
BioGift, its employees or agents to scatter the cremated remains will 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.

***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** \_\_\_\_\_

**I HEREBY SIGN BEFORE THIS WITNESS, THAT I HAVE READ AND UNDERSTAND THIS FORM**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Donor or List  
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 \_\_\_\_\_  
Rev. 6/14 Print name

Signature