



WEDDLE FUNERAL SERVICES

1777 N. Third Avenue

Stayton, Oregon 97383

THIS FACILITY LICENSED BY THE OREGON STATE MORTUARY AND CEMETERY BOARD

Cremation Date _____

State ID # _____

CREMATION AUTHORIZATION

STATE OF OREGON:

County of _____

Date _____

You are hereby authorized and directed, subject to your rules and regulations, to cremate the remains of: _____ . Date of Death _____ .

My relationship to the deceased is that of _____ .

By my word, I hereby affirm that to the best of my knowledge there is no other person having the prior right to give authorization under Oregon Revised Statutes 97.130 (see below) and to control the remains of the above named decedent.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS:

I/We hereby declare (my remains) or (the remains of)

_____ Name of Person Arrangements are for

In the possession of _____ **Weddle Funeral Services** _____, 503-769-2423

_____ Name of Funeral Establishment and Telephone Number

will be cremated by _____ **Salem - Stayton Crematory** _____, 503-769-7700

_____ Name of Crematory and Telephone Number

and shall be disposed of as follows:

DISPOSITION OF CREMATED REMAINS

- INTERRED AT
TEMPORARILY STORED AT
PERMANENTLY STORED AT
DELIVER TO
OTHER (SPECIFY)

NAME
ADDRESS
CITY STATE ZIP CODE

(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 individuals 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

CREMATION DISCLOSURE

The following information concerning the cremation process is provided by Salem-Stayton Crematory. This service is subject to the following terms and conditions:

1. The body presented is that of the named deceased.
2. Certain HEART PACEMAKERS subjected to the intense heat of a crematory could explode.
The signature to this cremation authorization assumes total responsibility for damages or injury sustained to person or facilities resulting from said explosion.
3. For sanitation purposes it is the policy that the body be enclosed in a container.
4. All prostheses (hip joints, surgical pins, etc.) will be discarded after the cremation process is completed.
5. The bulk of cremated remains will be returned, however some will be lost during the process of containerization.
6. "Final Processing" is the processing of cremated bones to an unidentifiable dimension.
7. The cremated remains will be returned in a corrugated box, unless otherwise specified.

I HEREBY CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE

Initials of Authorized Individual(s) _____

MECHANICAL DEVICES/IMPLANTS & MEDICAL TREATMENTS

Mechanical devices, implants, pumps, heart pacemakers and certain nuclear residues in the decedent may create a hazardous condition when placed in the cremation chamber and subjected to heat. The Crematory reserves the right to refuse to cremate any human remains which contain any medical devices, implants, or if deceased was previously treated with Stronium-89 or other radioactive materials. The following describes all devices (including mechanical, prosthetic or radioactive implants or materials) which may be implanted in or attached to the Decedent.

YES___ NO___ Has the deceased been treated with any type of radioactive drug such as Metastron, which contains Stronium-89, within the last 45 days. If yes, the deceased will be held in refrigeration until that time frame is satisfied. Description of any heart pacemakers, pumps, mechanical devices and or implants:

Unless otherwise indicated in writing, Salem-Stayton Crematory or their agents are hereby authorized to remove from the body any heart pacemaker and dispose of such device(s) or any other device(s) at their sole discretion. Upon such disposition, such device(s) will be irretrievable.

I/We understand that due to the nature of the cremation process all mechanical devices and implants will either be destroyed or not recoverable. I/We also state that the above list is the complete list of all such mechanical devices, implants. I/We agree to indemnify the Funeral Home, its agents and employees against loss from any claims, or demand of damages which may be made or declared against it or them by reason of our failure to timely disclose the existence of such items.

Initials of Authorized Individual (s) _____

PERSONAL POSSESSIONS

I certify that any and all personal possessions of value to the family has been removed or will be removed from the deceased except _____.

Due to the nature of the cremation process any personal possessions or valuable materials staying with the deceased will be destroyed.

Initials of Authorized Individual (s) _____

TIME OF CREMATION

YES_____ The Crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion and according to its time schedule as work permits without obtaining any further authorization or instructions.

Initial (s) of Authorized Individual (s) _____

NO_____ Cremation shall take place: Date_____ Time_____ AM / PM

Witnesses: The following person (s) shall be notified about the above date and time and will/will not be in attendance to witness the casket or other container being placed in the cremation chamber.

Name_____ Phone_____

Name_____ Phone_____

Initials of Authorized Individual (s) _____

MERCHANDISE

Casket or Alternative Container

The Crematory requires the use of a sturdy container, casket or an alternative (cremation) container, for the dignified handling and cremation of the body. The Crematory does not accept cremation containers made or constructed of noncombustible materials.

Type of casket or container selected _____

Urns/Temporary Containers

After the cremated remains have been processed, they will be placed in the designated urn or container. In the event the capacity of the urn or other container is insufficient to accommodate all of the remains of the deceased, the Crematory is hereby authorized to return cremated remains in a temporary container.

Type of Urn selected _____

Initials of Authorized Individual (s) _____

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. PLEASE READ THIS DOCUMENT BEFORE SIGNING.

Name _____
Address _____
City/State/Zip _____
Signature _____
Date & Time _____ AM / PM
Phone # _____

Name _____
Address _____
City/State/Zip _____
Signature _____
Date & Time _____ AM / PM
Phone # _____

Name _____
Address _____
City/State/Zip _____
Signature _____
Date & Time _____ AM / PM
Phone # _____

Name _____
Address _____
City/State/Zip _____
Signature _____
Date & Time _____ AM / PM
Phone # _____

Funeral Home in Charge _____
Funeral Director in Charge (Printed Name) _____
Signature of Funeral Director _____

NOTARY IF NOT WITNESSED BY A FUNERAL DIRECTOR

State of _____, County of _____

This instrument was acknowledged before me on _____, 20_____.

By _____ My commission Expires _____ Notary Public