

MECHANICAL DEVICE: YES / NO

FAMILY VIEW: YES / NO : VIEW COMPLETED

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS DOCUMENT CONTAINS IMPORTANT PROVISIONS CONCERNING

CREMATION, CREMATION IS IRREVERSIBLE AND FINAL.

I/We, the undersigned certify, warrant and represent that I/We have the full legal right and authority, and know of no living person who has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of

Name of Deceased: _____ **Tag:** _____

Date of Death: _____ **Time of Death:** _____

I/We hereby request and authorize **CONGER-MORRIS** (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of remains of the Deceased at Conger-Morris Crematory, Central Point, **Oregon** (hereinafter referred to as the "Crematory").

I/We hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains as follows:

Description of Urn: _____

Deliver To: _____

Release to Family: _____

Ship via: U.S. Mail to: _____

Address: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEASED IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

_____ The Authorizing Agent has viewed the deceased and positively identified them as
(Initials) the body of the deceased.

_____ The Authorizing Agent has provided the Funeral Home with sufficient verbal
(Initials) identification (ie birthmark, surgical scars, tattoos etc.) to positively identify body of deceased.

_____ The Authorizing Agent has provided the Funeral Home a photograph of the
(Initials) the deceased to positively identify the decedent.

MECHANICAL OR RADIOACTIVE DEVICES: Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. I/We authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation and dispose of such items at its discretion. **DOES THE DECEASED CONTAIN A PACEMAKER? YES / NO**

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as is normal procedure.

Description of Implanted Device(s): _____

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION.

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature _____

Address _____ Printed Name _____ Relationship _____
Street City State Zip Phone ()

Signature _____

Address _____ Printed Name _____ Relationship _____
Street City State Zip Phone ()

Signature _____

Address _____ Printed Name _____ Relationship _____
Street City State Zip Phone ()

Signature _____

Address _____ Printed Name _____ Relationship _____
Street City State Zip Phone ()

WITNESS _____ **Date** _____ **Time** _____

Signature _____ Printed Name _____

Conger-Morris Funeral Directors 767 S. Riverside Ave Medford, Oregon 97501 541-772-7111

Name, Address, & Telephone Number of Funeral Home

THIS FACILITY IS LICENSED BY THE OREGON STATE MORTUARY AND CEMETERY BOARD

CREMATION DISCLOSURES

1. I/We understand that personal effects, if not removed, will be destroyed in the cremation process.
2. All prostheses (hip joints, surgical pins, etc.) will be discarded after the cremation process is completed.
3. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other non combustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
4. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally destroyed by the cremation process.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
8. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains.
9. If the cremated remains are left in the possession of the funeral home and no instructions are given to the funeral home within 180 days after the date of cremation, the funeral home shall make a reasonable effort to notify the person who has the right to control the disposition of the cremated remains. The notice shall state that the funeral home intends to dispose of the cremated remains unless such person gives instructions to the contrary to the funeral home within 30 days of the date of such notice from the funeral home. If disposition of the cremated remains has not been directed and authorized by such person within said 30-day period, the funeral home shall dispose of the cremated remains as is legally practicable.
10. I/We agree to indemnify, release, and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such remains.
11. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees.