Cremation ID#_____

State ID#_____

HUSTAD FUNERAL HOME

7232 N. Richmond Avenue

Portland, Oregon 97203

www.hustadfuneralhome.com

I, _____, hereby authorize and direct Hustad Funeral Home, subject to its rules and regulations, to cremate the body of my_____ (relationship).

(Name of deceased) _____

Upon oath and under penalty of perjury, I hereby swear and affirm that, to the best of my knowledge there is no other person having a prior right to give the authorization to control the remains of the above-named deceased except_____, who has given me the written or telegraphic instructions to sign the authorization. Said instructions are herewith filed with Hustad Funeral Home. Also, I hereby agree to Hustad Funeral Home, Portland Cremation Center, or other person acting as such, their officers, and employees harmless from any liability cost or expense resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions:

DISCLOSURES, TERMS AND CONDITIONS

1. The body present to Hustad Funeral Home is that of the named deceased.
2. **PACEMAKER ALERT:** The deceased _____**HAS/**_____**HAS NOT** (PLEASE INITIAL) been fitted with a heart pacemaker. If the decedent has been fitted with a heart pacemaker, I authorize you to remove the pacemaker and dispose of it in such manner as you determine_____(PLEASE INITIAL) (Pacemakers explode and can damage the crematory or harm staff).
3. **RADIATION ALERT:** The deceased _____**HAS/** _____**HAS NOT** (PLEASE INITIAL) received any type of radioactive drug such as Metastron, which contains Stronium-89. Extra protective equipment is needed as well as extensive clean up procedures during the cremation process. It is recommended that the ashes be kept in a sealed metal urn and buried (not scattered).
4. For sanitation purposes, it is the policy of the crematory the body be place in a rigid enclosed container. Fiberglass caskets are not acceptable.
5. All prostheses (hip joints, surgical pins, etc.) bridgework or similar items will be separated and recycled after the cremation process is completed. Gold inlays, rings and jewelry will lose their identity and will be separated and recycled as well.
6. Pulverizing of the cremated remains by crushing and grinding is part of the normal process involved in preparing the cremated remains.
7. The bulk of the pulverized remains will be returned; however, some will be irreclaimable during the processing and containerization.
8. The amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess pulverized cremated remains will be place in a separate container and will accompany the primary urn or temporary container when released. Urns should be 200 cubic inches or larger for the average adult.
9. Persons authorizing cremation shall, at his or her sole expense, agree to defend, hold harmless and indemnify Hustad Funeral Home, the crematory, its officers, directors, employees and agents from any claim, liability, suit, cause of action, cost or expense (including, without limitation, reasonable attorney's fees incurred) resulting, in any way, from reliance on or performance consistent with the direction, declarations, representation, authorizations and agreements herein, but not limited to any delay arising form the transportation of the Decedent's body or cremated remains.
10. If shipment of cremated remains is required I understand there is an additional fee. I will direct that they may shipped via Registered US Mail.

DISPOSTION OF CREMATED REMAINS

_____ (Initial) Cremated Remains are to be sent to: _____

Address: _____

_____ (Initial) Cremated remains will be called for by: _____

_____ (Initial) Other: _____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE

THIS AUTHORIZATION MUST BE SIGNED IN THE PRESENCE OF A FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH OR NOTARIZED

Signature: _____

Printed Name: _____

Date & Time _____

Address: _____

City, State & Zip _____

Funeral Director Signature:

_____

Printed Name:

_____

Firm Name:

_____

This facility is licensed by the Oregon Mortuary and Cemetery Board (971) 673-1500   05152020