



805 Ellsworth St. SW
Albany, OR 97321

Cremation Authorization

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 signing, 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, and to control the remains of the above named decedent except _____ who has given me written or faxed instructions to sign the foregoing authority, the original copy of which I herewith file with the Crematorium.

The following information concerning the Cremation Process is provided by Evergreen Crematory. This service is subject to the following terms and conditions.

1. The body presented is that of the named deceased.
2. For sanitation purposes it is the policy of Evergreen Crematory that the body be enclosed in a container.
3. The bulk of the cremated remains will be returned, however some will be lost during the process of containerization.
4. All prostheses (hip joints, surgical pins, etc.) will be discarded after the cremation process is completed.
5. Pulverization of the cremated remains is part of the cremation process.
6. The cremated remains will be returned in an urn selected by you.

Has the deceased been fitted with a pacemaker? Yes No

NOTICE Certain HEART PACEMAKERS subjected to the intense heat of a crematory could explode or release dangerous radiation. If the crematorium is not notified that deceased was fitted with a pacemaker, the signature to this cremation authorization assumes total responsibility for damages or injury sustained to person or facilities resulting from said explosion.

I certify that any and all personal possessions of value to the family have 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 may be destroyed.

Initials of Authorized Individual(s) _____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE AND AGREE to indemnify and hold Evergreen Crematory, the Funeral Director, their officers and employees harmless from any liability, cost and expense resulting from this authorization. Yes No

Executed at (time) _____, this _____ day of _____ 20_____.

Name _____
Address _____
Telephone Number _____

Relationship _____
City/State/Zip _____
Signature _____

The Funeral Home in Charge _____

The Funeral Director (OR Funeral Home Representative) in Charge _____

Signature _____

Evergreen Crematory # _____ State I.D. # _____

Disposition Plan for the Cremated Remains of

Name of Deceased

AAsum-Dufour Funeral Home is to

- Deliver the cremated remains to the following cemetery:
- Scatter at our convenience, during the next year, at the following location:
- Mail via US registered Mail* to the following name and address:
- Release to any of the following individuals:

(If releasing to an individual, AAsum-Dufour Funeral Home is authorized to notify the above individual(s) when the cremated remains are ready. Any above individual(s) may in writing delegate authority to receive the cremated remains to a third party, or change the above disposition order to delivery or shipment.)

*The undersigned hereby assumes all liability for any loss or damages that may arise from any cause growing out of said delivery.

I have legal right to determine the disposition of the cremated remains and I hereby affirm that to the best of my knowledge there is no other person having prior right to do so.

Typed or written name
Of authorized individual

Signature

Date

Cremated Remains Receipt

(Accepting individual must be on the above list, or telephonically expressly authorized to the funeral home representative by an individual on the above list.)

I have today received the cremated remains of _____.

My relationship to the deceased is that of _____.

I hereby agree to hold AAsum-Dufour Funeral Home and its officers and employees from any liability, cost, or expense resulting from my acceptance of these cremated remains.

Typed or written name
Of authorized individual

Signature

Date

Funeral home representative typed or written name

Signature

Date