

**Waud's Funeral Home / Tillamook Crematory 1414 3rd St. Tillamook, OR 97141  
(503) 842-7557**

**Cremation Authorization and Disposition Authorization**

Notice: This is a legal document that contains important provisions concerning cremation. Read this entire document carefully before signing. Cremation is an irreversible and final process.

Name of person to be cremated; \_\_\_\_\_  
Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

Definition; Authorizing Agent(s) is a person legally entitled to authorize the cremation of human remains.

Oregon Statutes 97.130 Right to control disposition remains; delegation.

- (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 individual's 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.

(3) The decedent or any person authorized in subsection (2) of this section to direct the manner of disposition of the decedent's remains may delegate such authority to any person 18 years of age or older. Such delegation shall be made by completion of the written instrument described in subsection (7) of this section. The person to whom the authority is delegated shall have the same authority under subsection (2) of the section as the person delegating the authority.

(4) If a decedent or the decedent's designee issues more than one authorization or direction of the disposal of the decedent's remains, only the most recent authorization or direction shall be binding.

(5) A donation of anatomical gifts under ORS 97.952 or 97.954 shall take priority over directions for the disposition of a decedent's remains under this section only if the person making the donation is of a priority under subsection (1) or (2) of this section the same as or higher than the priority of the person directing the disposition of the remains.

(6) If the decedent directs a disposition under subsection (1) of this section and those financially responsible for the disposition are without sufficient funds to pay for such disposition or the estate of the decedent has insufficient funds to pay for the disposition, or if the direction is unlawful, the direction shall be void and disposition shall be in accordance with the direction provided by those persons given priority in subsection (2) of this section and who agree to be financially responsible.

(7) The signature of the individual shall be required for the completion of the written instrument required in subsection (3) of this section. The following form or a form substantially similar shall be used by all individuals:

I/We the Authorizing Agent hereby authorize and request in accordance with and subject to the rules and regulations and any applicable laws or regulations for **WAUD'S FUNERAL HOME** (the "Funeral Home") or any agent of the funeral home, to arrange with **TILLAMOOK CREMATORY** (the "Crematory") to cremate the human remains of \_\_\_\_\_.

(the "Decedent") and to arrange for the final disposition of the cremated remains.

I/We hereby certify that there are no other person or persons having the right to control disposition for cremation.

Signature of Authorizing Agent(s) _____	Relationship _____
Signature of Authorizing Agent(s) _____	Relationship _____
Signature of Authorizing Agent(s) _____	Relationship _____
Signature of Authorizing Agent(s) _____	Relationship _____

**Time of Cremation**

The crematory will perform the cremation upon receipt of the decedent, at its discretion and according to its time schedule, as work permits.



**Any urn that is to be shipped will be sent by U.S. Postal Service, Registered Mail/Return Receipt.**

Type of urn;      A) Temp Plastic \_\_\_\_\_ B) Other \_\_\_\_\_ (Urn)

Disposition of urn;    A) Any family member to pick up \_\_\_\_\_  
                                  B) Specific names authorized to pick up \_\_\_\_\_  
                                  C) Cemetery/Other instructions \_\_\_\_\_

**Authorization**

I/We therefore state that:

a) I am/We are the closest living next of kin of the Decedent or:

b) I am/We are otherwise empowered and authorized to execute this authorization according to all state and local laws by reason of \_\_\_\_\_ (example Personal Representative, )

I am/We are aware of no objections to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provisions of any contract or instruction made by the Decedent.

I/We have either identified or waived my/our rights of identification as noted above of the human remains that were delivered to the Funeral Home as the Decedent and I/We have authorized the funeral home to deliver the Decedent to the Crematory.

I/We hereby agree to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent.

By execution of this form below and initials at appropriate spaces for Authorization Agent(s) of this three page form, the undersigned(s) warrant(s) that all representations and statements contained in this form are true and correct. That these statements are being relied on by the Funeral Home and the Crematory and that the undersigned has/have read and understood the provisions of this document.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date and Time \_\_\_\_\_  
Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date and Time \_\_\_\_\_  
Phone #: \_\_\_\_\_

Signature of Funeral Director \_\_\_\_\_ License # \_\_\_\_\_

**If not witnessed by funeral director, this form must be signed in front of a notary or a photo copy of the authorized agent(s) drivers license, photo I.D. or passport provided to Waud's Funeral Home.**

State of \_\_\_\_\_  
County of \_\_\_\_\_

I am a Notary Public and I hereby confirm that \_\_\_\_\_  
whose signature is set forth above as Authorizing Agent, executed this cremation authorization.

Subscribed to and sworn before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_ **SEAL**