



Cremation # \_\_\_\_\_  
State ID # \_\_\_\_\_

*"Helping You Serve Families Better"*

### CREMATION AUTHORIZATION

I, \_\_\_\_\_, hereby authorize and direct Portland Cremation Center, LLC, subject to its rules and regulations, to cremate the body of my \_\_\_\_\_  
(Relationship)

(Name of deceased) \_\_\_\_\_

Upon my 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 this authorization to control the remains of the above-named except \_\_\_\_\_, who has given me written or telegraphic instructions to sign the authorization.

Said instructions are herewith filed with Portland Cremation Center, LLC. Also, I hereby agree to hold Portland Cremation Center, LLC, the Funeral Director, or person acting as such, their officers and employees harmless from any liability cost or expenses resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions.

#### DISCLOSURES, TERMS & CONDITIONS

- The body presented to Portland Cremation Center, LLC is that of the named deceased.
- 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).
- 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).
- For sanitation purposes, it is the policy of Portland Cremation Center, LLC, that the body be placed in a rigid enclosed container. Fiberglass caskets are not acceptable.
- All prostheses (Hip joints, surgical pins, etc.), bridgework or similar items will be separated and recycled through Enviro-Medical Implant Recycling after the cremation process is completed. Gold inlays, rings and jewelry will lose their identity and will be separated and recycled as well.
- Pulverizing of the cremated remains by crushing and grinding is part of the normal process involved in preparing the cremated remains.
- The bulk of the pulverized remains will be returned, however, some will be irreclaimable during the processing and containerization.
- The amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess pulverized, cremated remains will be placed 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.
- Persons authorizing cremation shall, at his or her sole expense, agree to defend, hold harmless and indemnify Portland Cremation Center, LLC, 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 from the transportation of the Decedent's body or cremated remains.
- Viewing or Watch Placement: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or NO \_\_\_\_\_ (PLEASE INITIAL).

#### DISPOSITION 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 and Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date & Time: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Funeral Director Signature: \_\_\_\_\_ Representative of Portland Cremation Center, LLC

Funeral Director Printed Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ . Notary Seal

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

MODIFIED 07/19/2021

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

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