



WASHINGTON COUNTY OREGON

Re: DISPOSITON OF REMAINS AUTHORIZATION

Please find attached a Washington County Disposition of Remains authorization form to use when the decedent's body is unclaimed and reported as a natural death. You may mail or fax the attached form to Washington County Vital Records for signature of the County Health Officer. Mail to: Washington County Health Officer/Vital Records, 155 N First Ave., MS 5, Hillsboro, OR 97124-3072. Or fax to: 503-846-3655. If you have any questions for the Washington County Health Officer, you may call 503-846-2264.

If the death has been reported to the State Medical Examiner, **the process is different**. Notification is made by contacting the Washington County Medical Examiner Office at 503-846-3575. The Washington County Medical Examiner will contact the State Medical Examiner's office to begin the process for disposition.

Please feel free to call me at (503) 846-2264 if you have questions concerning this form.

Sincerely,

Julie L. Clarke, Deputy Registrar
Washington County Vital Records
HHS Division



Public Health
Prevent. Promote. Protect.

Department of Health and Human Services — Vital Records
155 N First Avenue, Suite 170, MS 5, Hillsboro, OR 97124-3072
Phone: 503-846-3538 • Fax: 503-846-3655 • www.co.washington.or.us/HHS



Environmental Health Services



Public Health
Prevent. Promote. Protect.

Disposition of Remains of Deceased

SECTION ONE: To be completed by agency requesting authorization for disposition.

Fax this form to **503-846-3655**, attn: Health Officer.

If you have questions about this form, please call 503-846-2264.

Request permission to dispose of the remains of the following deceased in accordance with ORS 97.130.

Name of Deceased: _____

Date of Death: _____

Place of Death: _____

Location of Remains: _____

Cremation Burial

Is there any relative or personal representative who could authorize disposition? Yes No

If yes, has there been any contact with the relative or personal representative? Yes No

Name/Relationship of relative or personal representative: _____

Comments: _____

To the best of my knowledge, this death was not connected to the commission of any crime requiring Medical Examiner involvement. I certify that a search for relatives or a personal representative has been conducted, including contacting State Lands and Oregon DMV, and no person has come forward to claim the remains.

Signature: _____

Name (Please Print or Type): _____

Title: _____

Business Name: _____

Telephone: _____ Fax: _____

SECTION TWO: To be completed by Washington County Health Officer

Request for disposition is approved.

County Health Officer

Signed By: _____ **Date:** _____