

Instructions for Cremation Authorization Form



Cremation # _____

Tag # _____

"Helping You Serve Families Better"

CREMATION AUTHORIZATION

I, print name of authorizer, hereby authorize and direct Portland Cremation Center, LLC subject to its rules and regulations, to cremate the body of my identify authorizer's relationship to donor, use "self" if signing for yourself
 (Relationship) _____
 (Name of deceased) print full name of donor

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 decedent except leave blank 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, 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

Be sure to initial whether or not these conditions exist

- The body presented to Portland Cremation Center, LLC is that of the named deceased.
- PACEMAKER ALERT:** The Deceased initial **HAS** initial **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 a such manner as you determine initial (PLEASE INITIAL) (Pacemakers explode and can damage the crematory or harm staff.)
- RADIATION ALERT:** The Deceased initial **HAS** initial **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 by placed in a rigid enclosed container. Fiberglass caskets are not acceptable.
- All prostheses (Hip joints, surgical pins, etc.) bridgework or similar items will be discarded after the cremation process is completed. Gold inlays and fillings, rings and jewelry will lose their identity and will also be discarded.
- 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 cremated remains will be returned, however, some will be irreclaimable during the processing and containerization.
- The amount of the 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 expenses 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, including, but not limited to any delay in or damage arising from the transportation of the Decedent's body or cremated remains.
- If shipment of cremated remains is required, I direct they be shipped via Registered US Mail.

DISPOSITION OF CREMATED REMAINS

initial here to receive cremains

initial (Initial)

Cremated remains are to be sent to: name of person receiving cremains

initial (Initial)

Address: address to send cremains to - can be a P.O. Box

initial here to deny cremains

MedCure to arrange for a memorial scattering at sea within 8 months of donation. Family will receive memorial certificate detailing the date, time and location of the scattering upon completion.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE

This authorization must be signed in the presence of a notary. All fields must be filled out.

Signature: sign in front of notary

Print Name: _____

Date of Signature: date signed

Time of Signature: time signed

Address: _____

City: _____ State: _____

Zip Code: notary fills out this part Telephone #: _____

Notary Signature: _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Seal: notary seal goes here

My commission expires: notary fills out this part

Notary Public: _____



Cremation # _____

Tag # _____

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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 decedent 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, 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.

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1. The body presented to Portland Cremation Center, LLC 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 a 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)
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5. All prostheses (Hip joints, surgical pins, etc.) bridgework or similar items will be discarded after the cremation process is completed. Gold inlays and fillings, rings and jewelry will lose their identity and will also be discarded.
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9. Persons authorizing cremation shall at his or her sole expenses 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, including, but not limited to any delay in or damage arising from the transportation of the Decedent's body or cremated remains.
10. If shipment of cremated remains is required, I direct they be shipped via Registered US Mail.

DISPOSITION OF CREMATED REMAINS

_____ (Initial) Cremated remains are to be sent to: _____
Address: _____

_____ (Initial) MedCure to arrange for a memorial scattering at sea within 8 months of donation. Family will receive memorial certificate detailing the date, time and location of the scattering upon completion.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE

This authorization must be signed in the presence of a notary. All fields must be filled out.

Signature: _____ Print Name: _____

Date of Signature: _____ Time of Signature: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone #: _____

Notary Signature: _____

Subscribed and sworn before me this _____ day of _____, 20____. Notary Seal:

My commission expires: _____

Notary Public: _____