

BioGift Anatomical

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www.biogift.org

BIOGIFT USE ONLY

Date of Death

State Where Death Occurred

ID Number

CREMATION AUTHORIZATION FORM

PLEASE READ COMPLETELY BEFORE SIGNING

This cremation authorization is for _____ whose date of birth is _____
Name of Donor / Decedent

By completing this cremation authorization form I hereby authorize BioGift in accordance with and subject to the rules and regulations within the State of Oregon for BioGift to arrange with;

_____ (The Crematory) to perform the cremation.
(to be filled in by BioGift)

I hereby agree to indemnify and hold harmless, BioGift and the Crematory, its officers, directors, agents and employees from any claim, liability cost or expense resulting from the reliance on or the performance consistent with the direction, declaration, representation authorization and agreement herein, including but not limited to claims brought by other persons claiming the right to control the disposition of the donor/decedent or the donor's/decedent's cremated remains.

I hereby state that I am the donor or the closest living next of kin of the donor/decedent, or are otherwise empowered and have authorization to complete this cremation authorization and direct the disposition of the donor / decedent's cremated remains.

My initials state that I am:

_____ Self / Donor to be

_____ Spouse of the donor / decedent

_____ Son or Daughter at least 18 years of age, of the donor / decedent, without any of the previous next of kin listed previously still living or capable to sign this form.

_____ Either Parent of the donor / decedent without any of the previous next of kin listed previously still living or capable to sign this form.

_____ Brother or Sister of the donor / decedent, without any of the previous next of kin listed previously still living or capable to sign this form.

_____ An individual in the next degree of kindred to the donor / decedent without any of the previous next of kin listed previously still living or capable to sign this form.

_____ Legal authority, please list _____
You must supply proper documentation to verify this authority.

Cremation Information

Because of the cremation process, any personal possessions such as jewelry, clothes or other valuable materials that are left with the decedent will be destroyed. It is understood that these items **will not be recoverable**. Any kind of prosthesis, like hip joints or surgical pins, etc. will be disposed of after the cremation process.

CREMATION AUTHORIZATION FORM continued

(Name of Donor / Decedent)

Mechanical Devices Alert

By initialing here I hereby grant and authorize BioGift to remove any mechanical devices from the donor / decedent like a pacemaker, insulin pump, etc. prior to the cremation process.

Initial Here _____

Directions for Disposition of the Cremated Remains

By placing my initials next to my ONE choice I hereby direct BioGift or its agents to return the cremated remains by:

_____ **Delivering** the Cremated Remains within **30 miles** of the BioGift office in Portland, Oregon to:

Initial here
Name of individual or cemetery _____ Phone _____

At this address; _____ City _____ State _____ Zip _____

_____ **Mailing** the Cremated Remains by U.S. Postal Service to:

Initial here
Name of individual or cemetery _____ Phone _____

At this address; _____ City _____ State _____ Zip _____

_____ **Scattering** the Cremated Remains of, _____, by me initialing for

Initial here Name of donor/decedent
BioGift, its employees or agents to scatter the cremated remains will indemnify and hold harmless for any unforeseen regrets or change of heart decisions after the direction was given for BioGift, its employees or agents to scatter the cremated remains.

If BioGift cannot return the cremated remains by the directed instructions then I hereby grant BioGift authorization to scatter the cremated remains. BioGift will wait a minimum of 180 days after date of death and attempting to follow the directions provided by the donor or next of kin signing this form before scattering will take place.

Initial here that you have read this statement _____

I HEREBY SIGN BEFORE THIS WITNESS, THAT I HAVE READ AND UNDERSTAND THIS FORM

Signature _____ Printed Name _____ Donor or List Relationship _____

Address _____ City _____

State _____ Zip _____ Phone _____

Witness Section – I hereby state that this cremation authorization was signed in my presence:

Signature _____ Printed Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Date signed _____ Time when signed _____

Approved by BioGift Staff _____ <small>(5.2.F9 Version 02/01/2017)</small>	_____	_____
	Print name	Signature