



ID # _____

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Cremation and Dissolution Disposition Authorization

NOTICE: This is a legal document that contains important provisions concerning Cremation and Dissolution. Please read this entire document carefully before signing. Cremation and Dissolution are an irreversible and final process.

NAME OF DECEDENT: _____

SEX: M F DATE OF BIRTH: _____ DATE OF DEATH: _____

I, the undersigned (the "Authorizing Agent"), hereby authorize and request Threadgill's Memorial Services LLC; First Call Mortuary Services, Inc. dba First Call Crematory (the "Crematory") and Aqua Green Dissolution/Eco-Friendly Flameless Cremation (the "Alternative Disposition Facility"); and their agents and employees, to cremate or execute dissolution by alkaline hydrolysis and to process the remains of the Decedent.

Schedule & Container Requirement: The Crematory or Alternative Disposition Facility may perform the cremation or dissolution upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me.

Container: Type of container requested for the processed cremated or alternative disposition remains: Plastic Temporary Urn
 Other: _____

Authorization for CREMATION Initial _____
Cremation: The Crematory requires that the remains be placed in a combustible, leak-resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles, or other items attached to any cremation container.
Type of casket or cremation container:
 Combustible Tray Air Tray/Combo Tray
 Other: _____

Authorization for DISSOLUTION Initial _____
Dissolution: The Alternative Disposition Facility requires that, prior to delivery, the remains are free of all items, clothing, jewelry, and personal effects of value and placed in a leak-resistant material (moisture barrier). Any items delivered with the deceased will be disposed of by Alternative Disposition Facility, according to their standard operating procedures. Only remains may enter the dissolution chamber.
Type of dissolution chamber material: Silk Wrap
 NO Silk Wrap

AUTHORIZATION

_____ I hereby state that I am the authorized legal next of kin of the Decedent or am otherwise empowered and authorized to execute this authorization according to all state and local laws.

_____ I am aware of no objection to the cremation or dissolution by the spouse, any child, parent, or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent.

_____ I have either identified or waived my right of identification of the human remains that I released to Threadgill's Memorial Services LLC; First Call Mortuary Services, Inc. dba First Call Crematory and Aqua Green Dissolution/Eco-Friendly Flameless Cremation as the Decedent. All personal property, clothing, and/or valuables have been removed from the remains or I hereby order them cremated with the remains or disposed of, in the case of dissolution. I understand that all items, personal property, clothing or valuables, including dental gold, on or with the body may be destroyed in the process, and will not be recoverable and authorize the Crematory and/or Alternative Disposition Facility to dispose of all in a lawful manner, including recycling all prostheses, bridgework, or similar items.

_____ I hereby agree to indemnify and hold harmless Threadgill's Memorial Services LLC; First Call Mortuary Services, Inc. dba First Call Crematory and Aqua Green Dissolution/Eco-Friendly Flameless Cremation; and their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations, and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the Decedent or the Decedent's cremated or alternative disposition remains.

CREMATION AND DISSOLUTION DISPOSITION AUTHORIZATION

ID #

DECEDENT: _____

DISPOSITION OF CREMATED or ALTERNATIVE DISPOSITOIN REMAINS

_____ Cremated or Alternative Disposition remains **ARE TO BE SENT TO:** _____

Address: _____

_____ Cremated or Alternative Disposition remains **WILL BE CALLED FOR BY:** _____

By execution, including initials at appropriate spaces, the undersigned warrants that all representations and statements contained herein are true and correct. These statements are being relied on by Threadgill's Memorial Services LLC; Crematory; and Alternative Disposition Facility, and the undersigned has read and understood the provisions of this document.

Authorized Agent Signature: _____ Date: _____ Time: _____

Printed Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City, State: _____ ZIP: _____

Signature of Funeral Home Licensee acquiring the authorization: _____

Printed Name of Funeral Home Licensee: _____ **Date:** _____

MECHANICAL DEVICES, IMPLANTS, AND RADIOACTIVE SUBSTANCES

Mechanical Devices, Implants, and Radioactive Substances (certain nuclear medicine residues) may create a hazardous condition when placed in a cremation or dissolution chamber and subjected to heat, pressure, and dissolution compounds. The Crematory and Alternative Disposition Facility WILL NOT CREMATE OR DISSOLUTE any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker, radioactive device, or insulin pump (and much be informed of the identity of any radioactive substances such as medical Metastron, which contains Strontium-89) WITHOUT BEING INFORMED.

I hereby certify that remains of the Decedent DO DO NOT contain any type of mechanical devices, implants, and/or radioactive devices/substances.

Listed below are all mechanical, implanted, radioactive device(s), or surgical implants that the Funeral Home is authorized to remove from the remains of the Decedent prior to cremation or dissolution, and to discard or otherwise destroy said items, and be informed of any radioactive substances:

Authorized Agent Signature: _____ Date: _____ Time: _____

CREMATION AND DISSOLUTION DISPOSITION AUTHORIZATION

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DECEDENT: _____

CREMATION PROCESS

The human remains of the Decedent are placed in a combustible casket or other container and delivered to the Crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures above 1850° Fahrenheit. After approximately two and one half hours (2½ hours), all substances are consumed or driven off; except bone fragments (calcium compounds) and some metals, as the temperature is not sufficiently high to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prostheses or dental bridgework); that are left with the Decedent and not removed from the casket/container prior to cremation may be destroyed or will otherwise not be recoverable will be disposed of in any lawful manner, including recycling. The Authorized Agent understands that arrangements must be made with the Funeral Home to remove such possessions or valuables prior to the time that the Decedent is transported to the Crematory.

Following an appropriate cooling period, the cremated remains are swept or rated from the cremation chamber. The Crematory makes all reasonable efforts, and uses its best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process is always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorized Agent understands and accepts this fact.

PROCESSING OF CREMATED AND ALTERNATIVE DISPOSITION REMAINS

After the cremated or alternative disposition remains are removed from the cremation or dissolution chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the remains have been processed, they will be placed into the designated urn or container. The Crematory and Alternative Disposition Facility will make reasonable effort to put all the cremated remains in the urn/container, with exception of dust or other residue that might remain on the processing equipment. The Funeral Home will deliver/dispose of the urn/container containing the cremated remains as directed by the Authorized Agent. I have read and understand this disclosure concerning the Processing of Cremated and Alternative Disposition Remains.

[NOTE: The Funeral Home, Crematory, and Alternative Disposition Facility are not responsible for any loss or damage of cremated remains shipped via Common Carrier.]

Authorized Agent Signature: _____ Date: _____ Time: _____

SPECIAL INSTRUCTIONS:

NONE

CREMATION AND DISSOLUTION DISPOSITION AUTHORIZATION

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DECEDENT: _____

ADDENDUM A: Directive to Cremate and/or Dispose of Personal Property

ATTENTION: Threadgill's Memorial Services LLC; First Call Mortuary Services, Inc. dba First Call Crematory and Aqua Green Dissolution/Eco-Friendly Flameless Cremation

I, _____, having the right to control or otherwise direct the disposition of the following listed personal property, hereby authorize First Call Mortuary Services, Inc. dba First Call Crematory and Aqua Green Dissolution/Eco-Friendly Flameless Cremation **TO CREMATE and/or DISPOSE OF** the following listed personal property:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Authorized Agent Signature: _____ Date: _____ Time: _____

Printed Name: _____ Relationship: _____

Signature of Funeral Home Licensee acquiring the authorization: _____

Printed Name of Funeral Home Licensee: _____ **Date:** _____

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ADDENDUM B: Claiming of Cremated Remains and/or Disposition

I/We, the undersigned, understand that the cremated remains must be claimed or the disposition arranged within thirty (30) days of the date of cremation.

AUTHORIZED AGENT:

Signature: _____ Date: _____ Time: _____

Printed Name: _____ Relationship: _____

Address: _____ Phone Number: _____

ADDITIONAL NEXT OF KIN:

Signature: _____ Date: _____ Time: _____

Printed Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Signature: _____ Date: _____ Time: _____

Printed Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Signature: _____ Date: _____ Time: _____

Printed Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Signature of WITNESS: _____ **Date:** _____ **Time:** _____

Printed Name: _____ **Relationship:** _____