

State of \_\_\_\_\_

County of \_\_\_\_\_

Date \_\_\_\_\_

Cremation # \_\_\_\_\_

WA Tag # \_\_\_\_\_

OR Tag # \_\_\_\_\_

**CREMATION and DISPOSITION OF CREMATED REMAINS  
AUTHORIZATION**

**For**

**LOWER COLUMBIA CREMATORY, INC.**

**6303 E. 18<sup>TH</sup> STREET, STE A, VANCOUVER, WA 98661**

**P.O. BOX 1649, VANCOUVER, WA 98668**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize \_\_\_\_\_  
\_\_\_\_\_  
(Name of Funeral Home, hereinafter referred to as "Funeral Home"),  
their agents, and \_\_\_\_\_ (Name of Crematory, hereinafter  
referred to as "Crematory") to take possession of and make arrangements for the cremation of and the final  
disposition of the Decedent named below in accordance with and subject to the provisions set forth in this  
document, and in accordance with and subject to their rules, regulations, and protocols, and any applicable  
city, county, state, or federal laws and regulations.

The Funeral Home and Crematory and their agents are hereby authorized to cremate the remains of:

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and to dispose of the cremated remains of said Decedent in the manner authorized in this document. Under  
my oath and under penalty of perjury, I (we) hereby attest and affirm that to the best of my (our) knowledge  
there is no other person (s) having a prior right to give this authorization and to control the remains of the  
above Decedent with the exception of \_\_\_\_\_, who has provided  
written or electronic specific instructions to the Funeral Home and the Crematory. Said instructions are  
herewith filed with both the Funeral Home and the Crematory. I (We) further agree to hold the Funeral  
Home, the Crematory, their agents, officers, and employees harmless from any liability, cost and expense  
resulting from this Authorization. It is also understood by all parties that the cremation process and  
disposition of the cremated remains are subject to the terms and conditions as stated in this form.

**DISCLOSURES, PROTOCOLS, TERMS AND CONDITIONS**

1. Identification of the Decedent: It is understood that agents of the Funeral Home when removing the  
Decedent from the place of death have verified with family members or institutional staff the identity  
of the Decedent. This identification can be but not limited to visual means by a family member or by  
matching institutional arm or leg bracelets/tags with the proper names. Where reasonable the agents  
of the Funeral Home will obtain a signature of the person identifying the Decedent on their own ankle  
tag which will then be place on the Decedent. Prior to the cremation process, Crematory employees  
will verify the names of the Decedent on all forms and permits and will remove the arm or leg  
bracelets/tags from the Decedent and place them with the paperwork on the exterior of the Cremation  
unit. In addition, all Decedents will be assigned a Crematory Tag with number and in the case of  
Oregon deaths an additional Oregon State Tag. Both of these tags will remain with the Decedent from

the time of delivery to the Crematory throughout the cremation process and will be entered on all necessary paperwork. These tags will further be attached to the Cremated Remains receptacle and will leave the premises of the Crematory with the Cremated Remains.

2. Identity of Authorizing Agent(s): The law in Washington State is very clear as to has the right to authorize the cremation of an individual. First and foremost, the individual can authorize their own cremation by doing so prior to their death. If this has not been done, the following hierarchy of descendents exists within the law:

- a. Spouse or Registered Domestic Partner
- b. The majority of adult children
- c. Surviving parents
- d. The majority of adult brothers and sisters
- e. The majority of nieces and nephews

Please note that any of the above can authorize a cremation prior to death with a copy of a Durable Power of Attorney for the individual. And, a legal Guardian can authorize prior to the death with a copy of their Guardianship papers and can even authorize after the death if there are no known relatives of the Decedent. Also, Medical Examiners and Coroners may authorize the cremation whether there are or are not living relatives.

3. Authorization to Remove Medical Devices: It is understood that medical devices such as pacemakers and defibrillators must be removed prior to the cremation as they will cause damage to the crematory unit. I attest that the Decedent HAS \_\_\_\_\_ HAS NOT \_\_\_\_\_ either of these devices. The Funeral Home is authorized to remove such device (s) prior to the cremation taking place. \_\_\_\_\_
4. Radiation Therapy: Certain types of radiation therapy prevent the Decedent from being cremated. If this is the case, the Decedent must be casketed buried without embalming performed. Has the Decedent been treated with Strontium 89 Radiation Therapy within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_. Has the Decedent been treated with Brachytherapy Radiation Seed Packets within the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_. It is understood that failure to honestly disclose the answer to these questions could result in radiation exposure to employees, the facilities, and the atmosphere.
5. Personal Property: The Crematory will not cremate any personal property made of metal, plastic, glass or other non-combustible material. Any personal property made of combustible material will be cremated with the individual.
6. Authorization to pulverize the cremated remains after the cremation process: It is understood that the Crematory is allowed to pulverize the cremated remains prior to returning them to the designated person, cemetery, or other facility. This process involves passing a magnet over the remains to remove any metal pieces and to removing any prosthetics or non remains pieces. After this is completed the cremated remains are placed in a pulverizing machine to turn the bone fragments into cremated ash, however some of the product may be recognizable as bone fragments.
7. Acknowledgement that the State and Crematory require and outer container for the cremation: It is required that the Decedent be placed in a combustible outer container for the cremation process. This outer container may be a Alternative Container made of cardboard or a combustible casket. Either of these will be cremated with the individual and can be supplied by the Funeral Home, the Crematory, or by the Decedent's family, as long as it meets the Crematory's requirements.
8. Acknowledgement that some commingling is inevitable and that it is impossible to retrieve all of the cremated remains. It is inevitable that there will be residual ash from prior cremations just as it is inevitable that there will be residual ash for future cremations. The Crematory will do everything within their power to return the majority of the Decedent's cremated remains to the family.

9. If the amount of processed cremated remains exceed the capacity of the urn or temporary container designated for use, any excess pulverized cremated remains will be placed in a separate container and returned with the primary urn or temporary container.
10. The Crematory will separate and remove from the human bone fragments all non-combustible metal materials, when possible, after the cremated remains are removed from the cremation chamber. This will be accomplished by both visual inspection and magnetic selection. Non-combustible material includes but is not limited to hinges, latches, nails, screws, staples, plates, and anatomical and dental prosthesis or implants. The Crematory will dispose of all non-combustible material that is not specifically requested to be returned to the family to a licensed medical/medical implant recycler. The Crematory receives no compensation from the recycler for this material. This material will include any dental implants when recognizable. By initialing here, the Crematory is authorized to dispose of and/or recycle any non-combustible materials the manner described above. Yes \_\_\_\_\_ No \_\_\_\_\_. I request that the Crematory return to my Funeral Home for the family's collection the following non-combustible materials \_\_\_\_\_.
11. Unless otherwise instructed to do so, all combustible personal property on the Decedent at the time of delivery to the Crematory will be cremated with the Decedent.
12. Designation of urn or temporary container to hold the processed cremated remains. \_\_\_\_\_.
13. Disposition of Cremated Remains: Unless otherwise noted cremated remains will be returned to the Funeral Home for delivery to Decedent's family. The Crematory does not maintain a storage vault for unclaimed cremated remains.
14. By signing below I (we) the authorizing agent for the Decedent certify that we have read this entire Authorization and fully understand what we are committing to. It is further understood that as authorizing agent (s) it shall be our sole expense to agree to hold harmless an indemnify the Crematory, 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 directions, declaration, representation, authorizations and agreements herein, including but not limited to any delay in or damage arising from transportation of the Decedent's body or cremated remains.

BY SIGNING BELOW I(WE) CERTIFY THAT THIS DOCUMENT HAS BEEN FULLY READ AND UNDERSTOOD

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, & Zip Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, & Zip Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, & Zip Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, & Zip Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

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

**INSTRUCTIONS FOR COMPLETING THE  
AUTHORIZATION FOR CREMATION AND DISPOSITION OF  
CREMATED REMAINS**

- 1. BE SURE TO READ THE ENTIRE DOCUMENT AND THAT YOU COMPLETELY UNDERSTAND WHAT YOU ARE INITIALING AND SIGNING.**
- 2. Enter the date of signing in the upper left hand corner.**
- 3. Enter the name of your Funeral Home and the name of their Crematory in the space provided in paragraph one.**
- 4. Enter the deceased individual's full name on the bold line in the middle of the page.**
- 5. On page 2, under Identity of Authorizing Agent, determine your relationship to the deceased.**
- 6. Item 3, page 2, initial the appropriate response to the question.**
- 7. Item 4, page 2, initial the appropriate response to the radiation questions.**
- 8. Item 10, page 3, initial the appropriate response to the question or designate non-combustible material you would like to have returned to you.**
- 9. Item 12, page 3, designate what type of urn or temporary container you would like the cremated remains returned in.**
- 10. Sign, print your name and address, and indicate your relationship to the decedent.**

**Please note: If you are completing this form and intend to email or fax it to our office, you will need to copy both sides of your driver's license and return that with the Authorization Form. When there are multiple authorizers, each will need to forward a copy of both sides of their driver's license.**

**Our fax number is 360-213-2062 and our email is [info@CascadiaCremation.com](mailto:info@CascadiaCremation.com). If you have any questions regarding completing the Authorization form, either call our office at 360-213-2060 or email us at the above address.**