



### CREMATION AUTHORIZATION

I, \_\_\_\_\_, hereby authorize and direct the crematory selected by MedCure, Inc. "Crematory" 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. I hereby agree to hold the Crematory, 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

1. The body presented to Crematory 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 Strontium-89 or Brachytherapy. 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).
4. For sanitation purposes it is the policy of the Crematory that the body be placed in a rigid enclosed container. Fiberglass caskets are not acceptable.
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.
6. Pulverizing of the cremated remains by crushing and grinding is part of the normal process involved in preparing the cremated remains.
7. The bulk of the pulverized cremated remains will be returned, however, some will be irreclaimable during the processing and containerization.
8. 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.
9. Persons authorizing cremation shall at his or her sole expenses agree to defend, hold harmless and 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 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 will arrange for a memorial scattering at sea.

### 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: \_\_\_\_\_ Time: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Notary Seal: \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 My commission expires: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	ID# _____ Tag# _____	
<input type="checkbox"/> Portland Cremation Center, LLC 17819 NE Riverside Pkwy, Suite A Portland, OR 97230-7377	<input type="checkbox"/> La Paloma Funeral Service 5450 Stephanie St., Ste 110 Las Vegas, NV 89122	<input type="checkbox"/> Orlando Crematory 7284 Narcoossee Rd. Orlando, FL 32822
<input type="checkbox"/> A Community Funeral Home & Sunset Cremations 910 W. Michigan St. Orlando, FL 32805		Modified 06/10

Instructions for Donor Consent Form



MedCure

Your Support for Finding a Cure.

Donor Consent Form

Donor Name (please print): Print full name of donor here. Date of Birth: Print donor's Date of Birth here.

I, Print name, with middle initial, of person authorizing the donation.

Pursuant to ORS 97.954, the persons in the consenting class are as follows, in the order of priority:

relationships in order of highest priority to sign

- Myself
Spouse
Son or daughter 18 years or older
Parent
Brother or sister over 18
Guardian of the decedent at the time of the death
An individual in the next degree of kindred
The personal representative of the estate of the decedent
The person nominated as the personal representative in the decedent's last will
A public health officer

Relationship of authorizer to donor must be closest in relationship.

If signing for yourself, your name will be printed in both blanks above, and "myself" will be checked in the list.

Hereby grant consent for:

This decision can be changed, if desired, by family at time of death.

- Entire body to MedCure (family WILL receive partial cremated remains in a heart-shaped urn).
Entire body to MedCure (family will NOT receive any cremated remains - remains will be scattered at sea during a memorial ceremony; family receives certificate detailing the location of the scattering upon completion).

I authorize MedCure to obtain all necessary tissues and organs for research and educational purposes. I understand this gift will be used for scientific research, teaching or other conforming purposes and for use in multiple research or educational venues with for-profit and/or nonprofit organizations that MedCure, in their sole discretion, deems necessary to facilitate the gift.

I understand by donating organs and tissues for medical education and research I am consenting the body to potential segmentation and disarticulation. I acknowledge that no guaranty or assurance has been made as to the results that may be obtained from the research or study of organs and tissues. I may request that body organs and tissues be used for a specific use or specific researcher/educator and MedCure will make every effort to fulfill my request. However, MedCure makes no guaranty or promise that this request may be granted at the time of donation.

After death, I authorize any and all medical information to be released to MedCure. I authorize MedCure to obtain a complete medical history, autopsy findings, and blood samples. I understand that blood testing may include but is not limited to HIV, hepatitis B and C. MedCure reserves the right, at its sole discretion, to decline acceptance of the donation if it appears unsafe or unsuitable for the purposes consented to herein or if the donor is severely obese or has been subject to illegal drug use or has been incarcerated. I understand that all donor information will be coded and that the donation will remain anonymous. I am making this gift freely and voluntarily, without any obligation of any kind on the part of MedCure and there will be no reward or compensation to me or to any family member. I understand that partial cremated remains will be returned to the next-of kin who is the highest order of cremation consenting class upon a written request received by MedCure within 30 days of donation. I understand that an "open casket viewing" is not possible with whole body donation and that no un-cremated remains can be returned. I understand that neither I nor any member of my family will be responsible for any costs related to the donation. I understand that this is a legal document being signed by me or at my direction by another in accordance with the Uniform Anatomical Gift Act and Oregon Anatomical Gift Statutes. I understand that this gift may be revoked or amended by (1) a signed statement; (2) an oral statement made by me in the presence of two witnesses; (3) any form of communication during a terminal illness or injury that is addressed to a physician; or (4) delivery of a signed statement to MedCure. I agree to hold harmless MedCure and all associated agents including tissue users from loss or damage, including incidental and consequential damage that it incurs which results from the undersigned not having proper legal authority to consent.

I understand that signing this consent form does not guarantee acceptance of my donation. Be sure to include time signed.

Signature: (Person granting consent) Date: month/day/year Time: hr/min AM/PM

Address: Contact information for person authorizing. City

State: Zip: Telephone Number ( )

Witness 1: Witnesses can be anyone over 18 years of age, including spouse, who can Print Name: Date: / /

Witness 2: acknowledge that signature is legitimate. Print Name: Date: / /

Next of Kin: Use list above to determine nearest living next of kin for this contact information. Relationship:

Next of Kin Address: List is in order of priority required. City:

State: Zip: Telephone Number ( )

12013 NE Marx Street • Portland, OR 97220
1-866-560-2525 • 503-257-9100 • FAX 503-257-9101



Donor Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_

Pursuant to ORS 97.954, the persons in the consenting class are as follows, in the order of priority:

- Myself
- Spouse
- Son or daughter 18 years or older
- Parent
- Brother or sister over 18
- Guardian of the decedent at the time of the death
- An individual in the next degree of kindred
- The personal representative of the estate of the decedent
- The person nominated as the personal representative in the decedent's last will
- A public health officer

Hereby grant consent for:

- Entire body to MedCure (family **WILL** receive partial cremated remains in a heart-shaped urn).
- Entire body to MedCure (family will **NOT** receive any cremated remains – remains will be scattered at sea during a memorial ceremony; family receives certificate detailing the location of the scattering upon completion).

I authorize MedCure to obtain all necessary tissues and organs for research and educational purposes. I understand this gift will be used for scientific research, teaching or other conforming purposes and for use in multiple research or educational venues with for-profit and/or nonprofit organizations that MedCure, in their sole discretion, deems necessary to facilitate the gift.

I understand by donating organs and tissues for medical education and research I am consenting the body to potential segmentation and disarticulation. I acknowledge that no guaranty or assurance has been made as to the results that may be obtained from the research or study of organs and tissues. I may request that body organs and tissues be used for a specific use or specific researcher/educator and MedCure will make every effort to fulfill my request. However, MedCure makes no guaranty or promise that this request may be granted at the time of donation.

After death, I authorize any and all medical information to be released to MedCure. I authorize MedCure to obtain a complete medical history, autopsy findings, and blood samples. I understand that blood testing may include but is not limited to HIV, hepatitis B and C. MedCure reserves the right, at its sole discretion, to decline acceptance of the donation if it appears unsafe or unsuitable for the purposes consented to herein or if the donor is severely obese or has been subject to illegal drug use or has been incarcerated. I understand that all donor information will be coded and that the donation will remain anonymous. I am making this gift freely and voluntarily, without any obligation of any kind on the part of MedCure and there will be no reward or compensation to me or to any family member. I understand that partial cremated remains will be returned to the next-of kin who is the highest order of cremation consenting class upon a written request received by MedCure within 30 days of donation. I understand that an "open casket viewing" is not possible with whole body donation and that no un-cremated remains can be returned. **I understand that neither I nor any member of my family will be responsible for any costs related to the donation.** I understand that this is a legal document being signed by me or at my direction by another in accordance with the Uniform Anatomical Gift Act and Oregon Anatomical Gift Statutes. I understand that this gift may be revoked or amended by (1) a signed statement; (2) an oral statement made by me in the presence of two witnesses; (3) any form of communication during a terminal illness or injury that is addressed to a physician; or (4) delivery of a signed statement to MedCure. I agree to hold harmless MedCure and all associated agents including tissue users from loss or damage, including incidental and consequential damage that it incurs which results from the undersigned not having proper legal authority to consent.

**I understand that signing this consent form does not guarantee acceptance of my donation.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
(Person granting consent) month/day/year hr/min

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Witness 1: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness 2: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

12013 NE Marx Street • Portland, OR 97220  
1-866-560-2525 • 503-257-9100 • FAX 503-257-9101