

**APPOINTMENT OF PERSON TO MAKE DECISIONS CONCERNING  
DISPOSITION OF REMAINS**

I, \_\_\_\_\_, appoint \_\_\_\_\_,  
whose address is \_\_\_\_\_,  
and whose telephone number is (\_\_\_\_) \_\_\_\_\_, as the person to make  
all decisions regarding the disposition of my remains upon my death for my burial or  
cremation. In the event \_\_\_\_\_ is unable to act,  
I appoint \_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_, and whose telephone number is (\_\_\_\_) \_\_\_\_\_,  
as my alternate person to make all decisions regarding the disposition of my remains  
upon my death for my burial or cremation.

It is my intent that this Appointment of Person to Make Decisions Concerning  
Disposition of Remains act as and be accepted as the written authorization presently  
required by ORS 97.130 (or its corresponding future provisions) or any other provision of  
Oregon Law, authorizing me to name a person to have authority to dispose of my remains.

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

**DECLARATION OF WITNESSES**

We declare that \_\_\_\_\_ is personally known  
to us, that he/she signed this Appointment of Person to Make Decisions Concerning  
Disposition of Remains in our presence, that he/she appeared to be of sound mind and not  
acting under duress, fraud or undue influence and that neither of us is the person so  
appointed by this document.

Witnessed By:

\_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By:

\_\_\_\_\_ Date: \_\_\_\_\_