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## AUTHORIZATION FOR DISPOSITION

\_\_\_\_\_  
Name of Deceased

### Type of Disposition:

### Details:

(e.g., cremated remains will be returned to family/delivered to.../name of cemetery where burial will take place/name of receiving funeral home)

I, \_\_\_\_\_ give permission to arrange the disposition of the deceased by  
(name of authorizing agent)

the means stated above. My relationship to the deceased is that of: \_\_\_\_\_.

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 authorization per Oregon Revised Statutes 97.130, and to control the remains of the above named decedent. Also, I hereby agree to hold the above named Funeral Service Establishment, the Funeral Director or person acting as such, their officers and employees harmless from any liability, cost and expense resulting from this authorization.

Phone Number of authorizing individual: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed name of representative acquiring authorization: \_\_\_\_\_

Signature of representative acquiring authorization: \_\_\_\_\_

CFD 04/17