

**OREGON STATE STATUTES and RULES
CREMATORY PROCEDURES**

The following items are REQUIRED to be PRESENT with the REMAINS:

1. _____ **Final Disposition Permit** ¹ (*Physician's signature obtained, or alternative authorization completed*)
2. _____ **ID Tag** ² (*Oregon death*) (*Must be attached to the receptacle containing remains, not with the 'paperwork'*)
3. _____ **Cremation Authorization** ³ (*Signed by the person with the right to control final disposition. If there is any cause to doubt the relationship or authority of the "authorizing person", contact the funeral home before cremation*)

PRIOR to ACCEPTING REMAINS (not after accepting remains, but prior to doing so):

_____ **SIGN the FINAL DISPOSITION PERMIT.** Your signature means you have already verified that the ID TAG NUMBER on the remains is the same number that is on the PERMIT/AUTHORIZATION, or in the case of a death outside of Oregon, you have verified the remains by the accompanying, required identification⁴

_____ **RECORD the DATE of FINAL DISPOSITION on the FINAL DISPOSITION PERMIT** ⁵

* **ID TAG on CREMATION CONTAINER PRIOR TO CREMATION** (*Oregon Death*)
(*On top/head end of Casket, Alternative Container or Receptacle*)

If remains arrive at the crematory not in a cremation container, the crematory authority shall satisfy identification, and thereafter place the following upon the exterior of the cremation container (receptacle):⁶

_____	Name of deceased	_____	Date of death
_____	Place of death	_____	Name and relationship of authorizing agent
_____	Name of authorizing agent or firm engaging crematory services		

PLACE REMAINS in the CREMATION CHAMBER:

_____ **ID TAG ACCOMPANIES REMAINS THROUGHOUT the CREMATION PROCESS** ⁷
_____ Inside chamber OR _____ On hook on outside of chamber

PROCESSING: (ID Tag follows cremated remains through process)

_____ **ALL RESIDUAL of the CREMATION PROCESS shall be PROCESSED** (unidentifiable dimensions)⁸

_____ **PLACE the ENTIRE CREMATED REMAINS in the CONTAINER**⁹

_____ **RETORT must be SWEPT CLEAN between CREMATIONS**¹⁰

_____ **EXCESS CREMATED HUMAN REMAINS ARE placed in another CONTAINER and given to the person DESIGNATED on the STATEMENT of DELIVERY**¹¹

_____ **ID TAG is ATTACHED to the CREMATED REMAINS CONTAINER after CREMATION**¹²

_____ **AFFIX LABEL to the TEMPORARY RECEPTACLE or ATTACH to the URN**¹³
NAME _____ DOD _____ ID # _____ FUNERAL HOME _____ CREMATORY NAME _____

1 OAR 830-030-0000(2)(c)(4); OAR 830-030-0030(1)(2)(3); ORS 432.317(6); ORS 432.317(7)

2 OAR 830-030-0030(1); OAR 830-030-0000(3)

3 ORS 97.130; OAR 830-030-0040(1)

4 OAR 830-030-0000(4)(5); OAR 830-030-0030(1)(2)(3); ORS 432.317(6); ORS 432.317(7)

5 OAR 830-030-0000(3)(4)(5); OAR 830-030-0030(1)(2)(3); ORS 432.317(6); ORS 432.317(7)

6 OAR 830-030-0030(3)

7 OAR 830-030-0000(3); OAR 830-030-0040(5)

8 OAR 830-030-0050(1); OAR 830-0011-0000(35)

9 OAR 830-030-0050(3); OAR 830-030-0050(4); ORS 692.405

10 OAR 830-030-0050(3)

11 OAR 830-030-0050(4)

12 OAR 830-030-0050(5)

13 OAR 830-030-0050(5)