Oregon State Hospital

Request for Cremated Remains

Section 1: Deceased individual		**CRM#**
Last name:	First:	MI:
Date of birth (*if known*):	Date of death:	
Section 2: Requestor information		
Last name:	First:	MI:
Address:		
City:	State:	ZIP:
Phone:	Email:	

Relationship to decedent: (*Please attach a copy of the requestor's ID, such as a driver's license, and any documents you used to identify the relationship, such as a letter from an OSH partner genealogist, birth certificates, death certificates, marriage certificates, census records, or other official documents. Please use page two as needed for additional space.)*

Please list any known living relatives of the deceased and any available contact information: (*OSH or an OSH partner genealogist may contact them for additional information*.)

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OREGON HEALTH AUTHORITY

Section 3: Method for cremains to be provided

Please select the method you want the cremains provided (*choose one*):

☐ **Ship to – same address above.**

☐ **Ship to – other address below:**

Name or Mortuary:_____

Address:_____

City:_____ State:_____ ZIP:_____

Contact phone:_____ Contact email:_____

All efforts will be made to securely package the cremains; however, Oregon State Hospital is not responsible for damage that may occur in shipping.

To assist in determining relationship(s) to the deceased, OSH or a partner genealogist may contact other possible relatives, known or unknown to me, and I give OSH and any such genealogist permission to provide my information to others in that process. I certify that the above information is accurate.

Printed name:

Signature: **Date:**

Please direct any questions and submit the completed form and accompanying documents to:

OSH.Cremains@odhsoha.oregon.gov

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon State Hospital at 503-945-2976. We accept all relay calls or you can dial 711.