

## County Review of Final Disposition Forms

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Sexton's are responsible for sending Final Disposition forms to the county. These forms are then used by the county to match the 24-Hour Body Notice in OVERS. The county should be reviewing these forms to make sure that they are complete.

Below is a checklist of fields that must be complete:

- Decedents Name
- ID Tag No
- County of Death
- Date of Death
- Method of Disposition
- Place of Disposition
- Authorization for Final Disposition **or** Alternative Authorization for Final Disposition
  - If Authorization for Final Disposition is selected, the following items must be complete:
    - Medical Certifiers Signature and Date
    - Title of Certifier
    - License Number
  - If Alternative Authorization for Final Disposition is selected, the following items must be complete:
    - Name of Medical Certifier Contacted
    - Date Contacted
    - Time Contacted
- Funeral Home Licensee Signature and Date
- Funeral Facility
- Date of Disposition
- Sexton's Signature and Date
- Sexton's Name (print)

# Final Disposition Authorization form.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**FINAL DISPOSITION AUTHORIZATION**

DECEDENT'S NAME: \_\_\_\_\_ I.D. TAG NO.: \_\_\_\_\_

CASE NO.: \_\_\_\_\_ COUNTY OF DEATH \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

METHOD OF DISPOSITION \_\_\_\_\_ PLACE OF DISPOSITION \_\_\_\_\_

**AUTHORIZATION FOR FINAL DISPOSITION**

This form, when signed by the funeral service licensee and by the medical certifier, shall serve as a disposal-transit permit for the remains of the decedent named hereon.

MEDICAL CERTIFIER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE OF CERTIFIER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION**

This form, when completed and signed by the funeral service licensee, shall serve as a disposal-transit permit for the remains of the decedent named hereon.

I have contacted Medical Certifier \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ and he/she has agreed to sign a certification of the cause of death as soon as possible.

FUNERAL SERVICE LICENSEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FUNERAL FACILITY: \_\_\_\_\_

DATE OF DISPOSITION: \_\_\_\_\_

SEXTON'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SEXTON'S NAME (print): \_\_\_\_\_

**INSTRUCTIONS:** The person in charge of the place of final disposition shall date and sign both copies of this Final Disposition Authorization. Forward the first copy to the registrar of the county where the death occurred within 10 days of final disposition. The second copy will be retained by the cemetery or crematory.

**PRINT TWO COPIES**

ONE COPY TO BE RETURNED TO THE REGISTRAR OF THE COUNTY OF DEATH.

ONE COPY TO BE RETAINED BY THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION.