

Final Disposition Forms for Funeral Homes

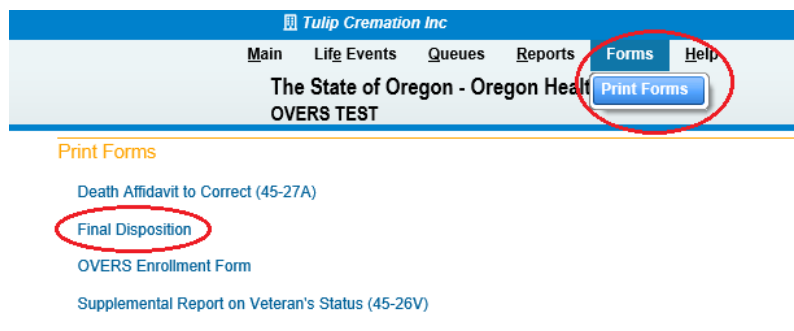
Funeral Home Responsibilities

It is the responsibility of the funeral home to complete the Final Disposition Authorization form. Once the form is completed, two copies must be printed and given to the person in charge of final disposition. The person in charge of the place of final disposition will date and sign both copies of the form. The first copy must be forwarded to the registrar of the county where the death occurred **within 10 days** of final disposition. It is important that the County receive their copy in a timely manner so they can match it with the 24-hr Body Notice. The second copy will be retained by the cemetery or crematory.

There are three options when printing this form.

1. Blank Final Disposition form

A blank Final Disposition Form can be printed at any time. To print a blank form, click on **Forms**, **Print Forms**, and then **Final Disposition**.



2. Alternative Authorization for Final Disposition auto-populated form

The Alternative Authorization for Final Disposition is the method used by most funeral homes.

This option can be used when:

- The funeral home has contacted the medical certifier and received a verbal confirmation that they will sign the record.
- The funeral home **has not** requested medical certification for the record in OVERS yet. If medical certification has been requested, a blank form may be used.

To use this option:

- Click on **Disposition Approval** from the **Other Links** submenu.
- Select Alternative Authorization for Final Disposition
- Use the Lookup tool to locate the provider that will certify the record or type in the provider name if they are not in OVERS.
- Enter the date and time contacted and click **Save**

Death Registration Menu

6881343 :Gracie Test APR-01-2020
/Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Signature Required/Birth Death Linkage Required Over 1 Year/24-Hour Notice

Disposition Approval
Save button is disabled until an affirmation is checked and physician contacted and date contacted are populated.

Authorization For Final Disposition
 Alternative Authorization for Final Disposition

Physician

Lookup

First Middle Last

Date Contacted Time Contacted

Date of disposition

To print the form after the data is entered, click on **Print Forms** from the **Other Links** submenu and then **Final Disposition**.

Death Registration Menu

6881480 2020000023 :Barb Test MAY-15-2020
/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/Birth Death Linkage Required Over 1 Year/24-Hour Notice

Print Forms
[Working Copy](#)
[Drop to Paper](#)
[Final Disposition](#)

The form will have the decedents and medical certifiers information auto-populated.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
FINAL DISPOSITION AUTHORIZATION

DECEDENT'S NAME: Gracie Test I.D. TAG NO.: 12356

CASE NO.: 6881343 COUNTY OF DEATH Clackamas DATE OF DEATH: 04/01/2020

METHOD OF DISPOSITION Burial PLACE OF DISPOSITION Cremation Inc

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 Medical Test Certifier on 04/01/2020 at 02:00 PM 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: Cremation Inc Portland, Oregon 97204

DATE OF DISPOSITION: 04/10/2020

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.

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3. Final Disposition form auto-populated

This option can be used when:

- The funeral home has requested medical certification in **OVERS and**
- The record **has been certified** by the medical certifier.

To use this option:

- Click on **Disposition Approval** from the **Other Links** submenu.
- The Authorization for Final Disposition will be checked and Alternative Authorization for Final Disposition will be grayed out.
- Use the Lookup tool to locate the provider that certified the record.
- Click **Save**.

Death Registration Menu	/Personal Valid/Medical Valid/Registered/Signed/Certified/Cause of Death Pending/CD Coding Required/24-Hour Notice/Amendment Exists
Personal Information	Disposition Approval
Decedent	Save button is disabled until an affirmation is checked and physician contacted and date contacted are populated.
Resident Address	<input checked="" type="checkbox"/> Authorization For Final Disposition
Family Members	<input type="checkbox"/> Alternative Authorization for Final Disposition
Informant	
Disposition	
Decedent Attributes	
Medical Certification	Physician
Pronouncement	Lookup <input type="text" value="Test Certifier"/>
Place of Death	First <input type="text" value="Test"/> Middle <input type="text" value=""/> Last <input type="text" value="Certifier"/>
Cause of Death	Date Contacted <input type="text" value=""/> Time Contacted <input type="text" value=""/>
Other Factors	Date of disposition <input type="text" value="NOV-27-2019"/>
Injury	
Certifier	
Registrar	
Amendment List	
Other Links	
Amendments	
Comments	
Print Forms	
Disposition Approval	
Switch User	

To print the form after the data is entered, click on **Print Forms** from the **Other Links** submenu and then **Final Disposition**.

Death Registration Menu	6881480 202000023 :Barb Test MAY-15-2020
Personal Information	/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/Birth Death Linkage Required Over 1 Year/24-Hour Notice
Decedent	Print Forms
Resident Address	Working Copy
Family Members	Drop to Paper
Informant	Final Disposition
Disposition	
Decedent Attributes	
Medical Certification	
Pronouncement	
Place of Death	
Cause of Death	
Other Factors	
Injury	
Certifier	
Registrar	
Amendment List	
Other Links	
Amendments	
Comments	
Print Forms	
Disposition Approval	
Switch User	

The form will have the decedents and medical certifiers information auto-populated.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
FINAL DISPOSITION AUTHORIZATION

DECEDENT'S NAME: Jane Smith I.D. TAG NO.: 859

CASE NO.: 6880896 COUNTY OF DEATH: Multnomah DATE OF DEATH: 11/27/2019

METHOD OF DISPOSITION: Cremation PLACE OF DISPOSITION: Crematorium

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: Medical Examiner ^{Electronically} _{Signed} DATE: 11/27/2019

TITLE OF CERTIFIER: M.D. LICENSE NUMBER: MD13194

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: Funeral Test Director ^{Electronically} _{Signed} DATE: 11/27/2019

FUNERAL FACILITY: American Cremation Oregon 97477

DATE OF DISPOSITION: 11/27/2019

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.

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

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