



FUNERAL ESTABLISHMENT (FE) / IMMEDIATE DISPOSITION COMPANY (IM)
INSPECTION CHECKLIST

OREGON MORTUARY & CEMETERY BOARD (OMCB)
800 NE OREGON STREET, SUITE 430 PORTLAND, OREGON 97232 (971) 673-1500

Facility Name: _____ **License #:** _____

Physical Address: _____ **Phone #:** _____

Mailing Address: _____

Location of Permanent Records: _____ OAR 830-040-0000(14)

Facility Manager: _____ **License #:** _____
Must be a licensed funeral service practitioner. ORS 692.025(4)(b); OAR 830-030-0000(12)

I. PRE-INSPECTION

Inspector Name: _____

Date last inspection was completed: _____

1. **Y / N Facility's true corporate, firm or individual name and assumed business name is active with the Secretary of State Corporation Division.** OAR 830-040-0030
If not, reason why: _____

2. **Y / N Funeral Establishment sells prearrangement and/or preconstruction trust contracts and is registered with DCBS as a Certified Provider.** ORS 97.933(1)
Certified Provider Number: _____

3. **Y / N There have been changes in principals and OMCB has been properly notified and has issued a new license.** ORS 692.148(1); OAR 830-011-0000(41); OAR 830-020-0040(1)(c)
If not, reason why: _____

4. **Y / N Facility is advertising online and includes its registered name and physical address.**
OAR 830-040-0050(1)

5. **Y / N If Funeral Establishment's website states prices, a hyperlink is included to the complete General Price List (GPL).** OAR 830-040-0050(6)

II. ON-SITE FACILITY INSPECTION

Date: _____ **Time:** _____

1. **Y / N Facility license is posted conspicuously for public viewing.** OAR 830-040-0000(13)

2. **Y / N Certificates of apprenticeship are posted conspicuously for public viewing.** OAR 830-040-0000(13)
3. **Y / N Individual licenses are available for inspection upon request.** OAR 830-040-0000(13)

APPRENTICE LOGS:

***Embalmer Apprentice Logs Must Include the Following:** OAR 830-011-0020(2)(a)(A)-(F)

(a) An apprentice embalmer must maintain a log book of embalming's under supervision, with accurate and current entries, and the apprentice and his or her supervisor must furnish this record to the Board upon request. The apprentice may use a supplemental page to log any arrangements or other competencies performed at an alternate facility as directed by their supervisor. Such page **MUST** be brought back and included in the log at the end of that specific assignment. **The log book must be retained for a period of one year after full licensure as an embalmer, or, if not licensed as an embalmer, for six years after the last log entry and must include the following:**

- (A) **Name of the deceased;**
- (B) **Date of death;**
- (C) **Date and place of embalming;**
- (D) **Name of licensed facility making the embalming arrangements;**
- (E) **Supervisor's written confirmation for each embalming performed by their apprentice;** and
- (F) **Number of hours worked per week.**

Are the following included in the Embalmer Apprentice Log? (Not applicable for IM)

1. **Y / N Name of deceased**
2. **Y / N Date of death**
3. **Y / N Date and place of embalming**
4. **Y / N Name of licensed facility making the embalming arrangements**
5. **Y / N Supervisor's written confirmation for each embalming performed by apprentice**
6. **Y / N Number of hours worked per week**

If not, provide specifics: _____

***Funeral Service Practitioner Apprentice Logs Must Include the Following:**

OAR 830-011-0020(3)(a)&(b)(A)-(H)

(a) An apprentice funeral service practitioner must keep a log book on the premises of the licensed facility where he or she is supervised, showing all arrangements made or participated in by the apprentice. The apprentice may use a supplemental page to log any arrangements or other competencies performed at an alternate facility as directed by their supervisor. Such page **MUST** be brought back and included in the log at the end of that specific assignment. The apprentice, under supervision, must make accurate and current entries. The apprentice and his or her supervisor must furnish the log book to the Board upon request.

(b) The log book must be retained for a period of one year after licensure as a funeral service practitioner, or, if not licensed, for six years from the last log entry, and must include the following:

- (A) **Name of deceased and person authorizing final disposition arrangements;**
- (B) **Date of death;**
- (C) **Date and place arrangements were made;**
- (D) **Description of apprentice's direct participation with family;**
- (E) **Number of days and hours worked per week;**
- (F) **Specific competency demonstrated;**
- (G) **Supervisor's written confirmation for each arrangement made by their apprentice;** and
- (H) **Name of the licensed facility responsible for the final disposition arrangements.**

Are the following included in the Funeral Service Practitioner Apprentice Log?

1. **Y / N Name of deceased**
2. **Y / N Person authorization final disposition arrangements**
3. **Y / N Date of death**
4. **Y / N Date and place arrangements were made**

5. **Y / N Description of apprentice's direct participation with family**
6. **Y / N Number of days and hours worked per week**
7. **Y / N Specific competency demonstrated**
8. **Y / N Supervisor's written confirmation for each arrangement made by their apprentice**
9. **Y / N Name of the licensed facility responsible for the final disposition arrangements**

If not, provide specifics: _____

LICENSING ISSUES:

Y / N Are there any outstanding licensing issues?

If so, provide specifics: _____

PRENEED-RELATED: (Not applicable for IM)

Y / N Are all preneed salespersons registered with OMCB?
 ORS 97.931; OAR 830-011-0070(1)&(2); OAR 830-030-0004(2)

List of Salespersons: _____

Number of preneed trust contracts sold within the calendar year: _____

How many were revocable? _____ **How many were irrevocable?** _____

REFRIGERATION UNIT: (Not applicable for IM)

1. **Y / N** Funeral Establishment has refrigeration unit on-site. ORS 692.025(4)(d); OAR 830-040-0020(6)

If not, provide refrigeration unit location: _____
 Must be no more than 45 miles from the licensed facility and must comply with all death care laws. OAR 830-040-0020(6)

2. **Y / N** Are there human remains present in the refrigeration unit?

Y / N If so, is/are identifying metal discs attached? OAR 830-030-0000(4)(a)&(b)

3. **Y / N** Is the refrigeration unit in good operating condition and maintained in a sanitary condition?
 OAR 830-040-0010(1); OAR 830-040-0020(6)

If not, provide specifics: _____

4. **Facility Thermometer Reading at Arrival:** _____ **Departure:** _____

OMCB Thermometer Reading at Arrival: _____ **Departure:** _____
 Must be at 36 degrees F. or less until final disposition. OAR 830-030-0010(1)

PREPARATION/HOLDING ROOM: (Not applicable for IM)

1. **Facility has** **Preparation Room** **Holding Room** ORS 692.025(3)(c)

2. **Y / N** Is the entry door locked at all times? OAR 830-040-0020(2)(c)

3. **The entry door is labeled as** **Private** **Authorized Entry Only** OAR 830-040-0020(2)(c)
- Y / N** Is the sign conspicuous, readable and permanently affixed to the door? OAR 830-040-0020(2)(c)
- Y / N** Is the lettering on the sign at least one inch high? OAR 830-040-0020(2)(c)
4. **Y / N** Is the interior of the room, all furnishings, and equipment finished with materials that are impervious to hazardous materials? OAR 830-040-0020(2)(a)
- If not, provide specifics: _____
5. **Y / N** Is the preparation/holding room kept in a sanitary condition at all times? OAR 830-040-0010(1); OAR 830-040-0020(5)
- If not, provide specifics: _____
6. **Y / N** Is outside ventilation being provided for by windows or transoms or forced air ventilation? OAR 830-040-0020(2)(b)
7. **Y / N** Are all windows and exterior doors screened or permanently closed and installed that the room is obstructed from view from the outside and so that fumes and odors are prevented from entering other parts of the building? OAR 830-040-0020(2)(d)
- If not, provide specifics: _____
8. **Does the preparation room include all of the following?**
- Y / N** An embalming table which provides suitable drainage. OAR 830-040-0020(3)(a)
- Y / N** A covered waste can, a sink with running water and sewerage connections, disinfectants and antiseptics. OAR 830-040-0020(3)(b)
- Y / N** A first aid emergency kit for personnel use which must contain the minimum first aid supplies as specified under the Oregon Safe Employment Act. OAR 830-040-0020(3)(c)
- Y / N** At least one eye wash station meeting the requirements of the Oregon Safe Employment Act. OAR 830-040-0020(3)(d)

HUMAN REMAINS: (Not applicable for IM)

1. **Y / N** Are all human remains either refrigerated or embalmed? OAR 830-030-0010(1)
- If not, provide specifics: _____
2. **Y / N** Have any human remains been kept longer than a ten-day period? OAR 830-030-0010(4)
- Y / N** If so, was the Board notified? OAR 830-030-0010(4)
- If not, provide specifics: _____
3. **Y / N** Is/are the identifying metal disc(s) attached to the casket(s), other receptacle(s) holding human remains, or to the remains if there is/are no receptacle(s)? OAR 830-030-0000(4)
- If not, provide specifics: _____
4. **Y / N** If human remains are to be buried or entombed, is/are the identifying metal disc(s) attached to head end of the casket(s), receptacle(s), or the remains if no receptacle(s) is/are used?
- If not, provide specifics: _____

CREMATED REMAINS:

Y / N If human remains are to be cremated, is/are the identifying metal disc(s) secured to the head end(s) of the receptacle(s) or to the remains if no receptacle(s) is/are used? OAR 830-030-0000(4)(a)

If not, provide specifics: _____

***Information Required to be Affixed to the Temporary/Permanent Receptacle for Cremated Remains Must Include the Following:** OAR 830-030-0050(5)

The following information will be affixed to the temporary receptacle or attached to the permanent receptacle for cremated remains: deceased name, date of death, identifying metal disc number, name of funeral home, and name of crematory

Is the following information affixed to the temporary/permanent receptacle(s) for cremated remains?

- 1. **Y / N Deceased name**
- 2. **Y / N Date of death**
- 3. **Y / N Identifying metal disc number**
- 4. **Y / N Name of funeral home**
- 5. **Y / N Name of crematory**

If not, provide specifics: _____

Y / N Is/are the identifying metal disc(s) placed on or in the cremated remains container(s)?
ORS 692.405; OAR 830-030-0050(3)

If not, provide specifics: _____

III. DOCUMENT INSPECTION

CONTRACTS:

- 1. Is the following statement included at the bottom of each contract (at need & prearrangement) in at least 10-point black type? OAR 830-040-0005(1)
Y / N "This facility is licensed and regulated by the Oregon Mortuary and Cemetery Board" (971) 673-1500
- 2. **Y / N** Do all contracts (at need & prearrangement) have the registered business name and physical location of the facility? OAR 830-040-0005(2)
- 3. **Y / N** Do prearrangement contracts include a reasonable period of not less than five business days to cancel? OAR 830-030-0100(7)

FTC FUNERAL RULE

GENERAL PRICE LIST (GPL):

Does the General Price List (GPL) include the following required disclosures?

- 1. **Y / N Right of Selection** 16 CFR 453.4(b)(2)(i)(A)

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not

specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

2. **Y / N Embalming** 16 CFR 453.3(a)(2)(ii)

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

3. **Y / N Alternative Containers** 16 CFR 453.3(b)(2)

If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers).

4. **Y / N Basic Services Fee** 16 CFR 453.2(b)(4)(iii)(C)(1)

This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains.)

5. **Y / N Casket Price List** (Must include price range for the casket offered) 16 CFR 453.2(b)(4)(iii)(A)(1)

A complete price list will be provided at the funeral home.

6. **Y / N Outer Burial Container Price List** (Must include price range for the outer burial containers offered) 16 CFR 453.2(b)(4)(iii)(B)(1)

A complete price list will be provided at the funeral home.

Are the following 16 specified items of goods and services on the General Price List (GPL), together with the price for each item? 16 CFR 453.2(b)(4)(ii)(A)-(F)

1. **Y / N Forwarding of remains to another funeral home**
2. **Y / N Receiving remains from another funeral home**
3. **Y / N Direct cremation**
4. **Y / N Immediate burial**
5. **Y / N Basic services of funeral director and staff and overhead**
6. **Y / N Transfer of remains to funeral home**
7. **Y / N Embalming**
8. **Y / N Other preparation of the body**
9. **Y / N Use of facilities and staff for viewing**
10. **Y / N Use of facilities and staff for funeral ceremony**
11. **Y / N Use of facilities and staff for memorial service**
12. **Y / N Use of equipment and staff for graveside service**

13. Y / N Hearse

14. Y / N Limousine

15. Y / N Individual casket prices or casket price range

16. Y / N Individual outer burial container prices or outer burial container price range

If not, provide specifics: _____

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED (SFGSS):

Does the Statement of Funeral Goods and Services Selected (SFGSS) include the following required disclosures?

1. Y / N **Legal Requirements** 16 CFR 453.4(b)(2)(i)(B)

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

2. Y / N **Embalming** 16 CFR 453.5(b)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

3. Y / N **Cash Advance Items** 16 CFR 453.3(f)(2)

We charge you for our services in obtaining: (specify cash advance items).

PERMANENT RECORDS REVIEW

*Funeral Establishment Permanent Records Must Include the Following:

OAR 830-040-0000(7) All licensees and licensed facilities must keep a detailed, accurate, and permanent record of all transactions that are performed for the care, preparation and final disposition of human remains. The record must set forth as a minimum:

- (a) Name of decedent and, when applicable, the identifying metal disc number provided by the State Registrar's office;
- (b) Date of death;
- (c) Name of person arranging for delivery of goods and services and the person authorizing the final disposition;
- (d) Name of place of disposition. In cemetery records, the "name of place" means exact location of the interment of human remains by crypt, niche, or by grave, lot and plot;
- (e) The name of the funeral service practitioner, cemetery, crematory or alternative disposition facility personnel responsible for making and executing the arrangements pertaining to the delivery of goods and services;
- (f) The name of the embalmer and funeral establishment responsible for embalming (applies only to funeral establishment records); and
- (g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

OAR 830-040-0000(8) In the case of cremation, the licensee responsible for making the cremation arrangements must require the authorizing agent making the cremation arrangements to provide the licensee with a signed statement specifying the action to be taken regarding delivery of the cremated remains. A copy of this statement must be retained in the permanent records of the responsible licensee.

OAR 830-040-0000(9) If cremated remains are not retained by the licensee accepting initial responsibility for the remains, the licensee must, upon delivery of such cremated remains to another individual, obtain a signed receipt from that individual. The receipt must include as a minimum: printed name of the individual receiving the cremated remains, the name of the deceased, and the date of delivery of the cremated remains, the receiving individual's signature and the printed name and signature of the licensee or the licensee's representative releasing the cremated remains.

HUMAN REMAINS EMBALMED:

1. **Decedent Name:** _____ **State ID Tag #:** _____
OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
OAR 830-040-0000(7)(b)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of funeral service practitioner responsible for making and executing arrangements:
OAR 830-040-0000(7)(e)

Name of embalmer and funeral establishment responsible for embalming (if applicable):
OAR 830-040-0000(7)9g)

***Embalming Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). **The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.**

Are the following included on the Embalming Authorization?

- 1. **Y / N Printed name of the authorizing agent**
- 2. **Y / N Signature of the authorizing agent**
- 3. **Y / N Phone number of the authorizing agent**
- 4. **Y / N Relationship to the deceased**
- 5. **Y / N Date and time permission was obtained**
- 6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
- 7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

***Reason for Embalming on Statement of Funeral Goods and Services Selected (SFGSS) Must Include the Following:** 16 CFR §453.5(b)

To prevent these unfair or deceptive acts or practices, funeral providers must include on the itemized statement of funeral goods and services selected, required by §453.2(b)(5), the statement: "If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below."

Y / N Is the required statement included on the funeral establishment's SFGSS?

If not, provide specifics: _____

***Oral Permission to Embalm:** OAR 830-030-0010(3)

When oral permission is received to embalm, the licensee obtaining the oral permission must document the oral permission in writing. Documentation must include the name and phone number of the authorizing agent, relationship to the deceased, date and time oral permission was obtained, and printed name and signature of the licensee or facility representative acquiring the oral authorization. An authorizing agent must confirm the oral permission on a written, signed embalming authorization form as outlined in OAR 830-040-0000(7).

If oral permission was obtained, are the following documented in writing?

1. **Y / N Name of the authorizing agent**
2. **Y / N Phone number of the authorizing agent**
3. **Y / N Relationship to the deceased**
4. **Y / N Date and time oral permission was obtained**
5. **Y / N Printed name of the licensee or facility representative acquiring the oral authorization**
6. **Y / N Signature of the licensee or facility representative acquiring the oral authorization**

Y / N Did the authorizing agent confirm the oral permission on a written, signed embalming authorization form?

If not, provide specifics: _____

***Cremation Authorizations Must Include the Following:** OAR 830-040-0000(7)(g); ORS 97.150(1)(a)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.

Are the following included on the Cremation Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**

6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Receipt for Cremated Remains Must Include the Following:** OAR 830-040-0000(9)

If cremated remains are not retained by the licensee accepting initial responsibility for the remains, the licensee must, upon delivery of such cremated remains to another individual, obtain a signed receipt from that individual. **The receipt must include as a minimum: printed name of the individual receiving the cremated remains, the name of the deceased, and the date of delivery of the cremated remains, the receiving individual's signature and the printed name and signature of the licensee or the licensee's representative releasing the cremated remains.**

If cremated remains were released, are the following included on the Receipt for Cremated Remains?

1. **Y / N Printed name of the individual receiving the cremated remains**
2. **Y / N Name of the deceased**
3. **Y / N Date of delivery of the cremated remains**
4. **Y / N Receiving individual's signature**
5. **Y / N Printed name of licensee/licensee's representative releasing the cremated remains**
6. **Y / N Signature of the licensee/licensee's representative releasing the cremated remains**

If not, provide specifics: _____

***Interment Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). **The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.**

If decedent was interred, are the following included on the Interment Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

CREMATED & INURNED:

2. **Decedent Name:** _____ **State ID Tag #:** _____
OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
OAR 830-040-0000(7)(b)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of funeral service practitioner responsible for making and executing arrangements:
OAR 830-040-0000(7)(e)

Name of embalmer and funeral establishment responsible for embalming (if applicable):
OAR 830-040-0000(7)9g)

***Embalming Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). **The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.**

If decedent was embalmed, are the following included on the Embalming Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

***Oral Permission to Embalm Must Include the Following:** OAR 830-030-0010(3)

When oral permission is received to embalm, the licensee obtaining the oral permission must document the oral permission in writing. Documentation must include the name and phone number of the authorizing agent, relationship to the deceased, date and time oral permission was obtained, and printed name and signature of the licensee or facility representative acquiring the oral authorization. An authorizing agent must confirm the oral permission on a written, signed embalming authorization form as outlined in OAR 830-040-0000(7).

If oral permission was obtained, are the following documented in writing?

1. **Y / N Name of the authorizing agent**
 2. **Y / N Phone number of the authorizing agent**
 3. **Y / N Relationship to the deceased**
 4. **Y / N Date and time oral permission was obtained**
 5. **Y / N Printed name of the licensee or facility representative acquiring the oral authorization**
 6. **Y / N Signature of the licensee or facility representative acquiring the oral authorization**
- Y / N Did the authorizing agent confirm the oral permission on a written, signed embalming authorization form?**

If not, provide specifics: _____

***Cremation Authorizations Must Include the Following:** OAR 830-040-0000(7)(g); ORS 97.150(1)(a)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.

Are the following included on the Cremation Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Interment Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). **The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.**

Are the following included on the Interment Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

CREMATED & RELEASED:

3. **Decedent Name:** _____ **State ID Tag #:** _____
OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
OAR 830-040-0000(7)(b)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of funeral service practitioner responsible for making and executing arrangements: _____
OAR 830-040-0000(7)(e)

Name of embalmer and funeral establishment responsible for embalming (if applicable): _____
OAR 830-040-0000(7)9g)

***Embalming Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

If decedent was embalmed, are the following included on the Embalming Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

***Oral Permission to Embalm Must Include the Following:** OAR 830-030-0010(3)

When oral permission is received to embalm, the licensee obtaining the oral permission must document the oral permission in writing. Documentation must include the name and phone number of the authorizing agent, relationship to the deceased, date and time oral permission was obtained, and printed name and signature of the licensee or facility representative acquiring the oral authorization. An authorizing agent must confirm the oral permission on a written, signed embalming authorization form as outlined in OAR 830-040-0000(7).

If oral permission was obtained, are the following documented in writing?

1. **Y / N Name of the authorizing agent**
2. **Y / N Phone number of the authorizing agent**
3. **Y / N Relationship to the deceased**
4. **Y / N Date and time oral permission was obtained**
5. **Y / N Printed name of the licensee or facility representative acquiring the oral authorization**
6. **Y / N Signature of the licensee or facility representative acquiring the oral authorization**
- Y / N Did the authorizing agent confirm the oral permission on a written, signed embalming authorization form?**

If not, provide specifics: _____

***Cremation Authorizations Must Include the Following:** OAR 830-040-0000(7)(g); ORS 97.150(1)(a)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). **The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.**

(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the **authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.**

Are the following included on the Cremation Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Receipt for Cremated Remains Must Include the Following:** OAR 830-040-0000(9)

If cremated remains are not retained by the licensee accepting initial responsibility for the remains, the licensee must, upon delivery of such cremated remains to another individual, obtain a signed receipt from that individual. **The receipt must include as a minimum: printed name of the individual receiving the cremated remains, the name of the deceased, and the date of delivery of the cremated remains, the receiving individual's signature and the printed name and signature of the licensee or the licensee's representative releasing the cremated remains.**

If cremated remains were released, are the following included on the Receipt for Cremated Remains?

1. **Y / N Printed name of the individual receiving the cremated remains**
2. **Y / N Name of the deceased**
3. **Y / N Date of delivery of the cremated remains**
4. **Y / N Receiving individual's signature**
5. **Y / N Printed name of licensee/licensee's representative releasing the cremated remains**
6. **Y / N Signature of the licensee/licensee's representative releasing the cremated remains**

If not, provide specifics: _____

INTERRED HUMAN REMAINS:

4. **Decedent Name:** _____ **State ID Tag #:** _____
OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
OAR 830-040-0000(7)(b)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of funeral service practitioner responsible for making and executing arrangements:
OAR 830-040-0000(7)(e)

Name of embalmer and funeral establishment responsible for embalming (if applicable):
OAR 830-040-0000(7)9g)

***Embalming Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

If decedent was embalmed, are the following included on the Embalming Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

***Oral Permission to Embalm Must Include the Following:** OAR 830-030-0010(3)

When oral permission is received to embalm, the licensee obtaining the oral permission must document the oral permission in writing. Documentation must include the name and phone number of the authorizing agent, relationship to the deceased, date and time oral permission was obtained, and printed name and signature of the licensee or facility representative acquiring the oral authorization. An authorizing agent must confirm the oral permission on a written, signed embalming authorization form as outlined in OAR 830-040-0000(7).

If oral permission was obtained, are the following documented in writing?

1. **Y / N Name of the authorizing agent**
2. **Y / N Phone number of the authorizing agent**
3. **Y / N Relationship to the deceased**
4. **Y / N Date and time oral permission was obtained**

- 5. Y / N Printed name of the licensee or facility representative acquiring the oral authorization
- 6. Y / N Signature of the licensee or facility representative acquiring the oral authorization
- Y / N Did the authorizing agent confirm the oral permission on a written, signed embalming authorization form?

If not, provide specifics: _____

***Interment Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

Are the following included on the Interment Authorization?

- 1. Y / N Printed name of the authorizing agent
- 2. Y / N Signature of the authorizing agent
- 3. Y / N Phone number of the authorizing agent
- 4. Y / N Relationship to the deceased
- 5. Y / N Date and time permission was obtained
- 6. Y / N Printed name of the licensee or facility representative acquiring the authorization
- 7. Y / N Signature of the licensee or facility representative acquiring the authorization

If not, provide specifics: _____

PRENEED: ORS 97.931; OAR 830-011-0070(1)&(2)

- 1. Decedent Name: _____
Purchase Date: _____
Preneed Salesperson: _____ Registration #: _____
- 2. Decedent Name: _____
Purchase Date: _____
Preneed Salesperson: _____ Registration #: _____
- 3. Decedent Name: _____
Purchase Date: _____
Preneed Salesperson: _____ Registration #: _____