



AUTHORIZATION FOR ANATOMICAL DONATION AND CREMATION

Donor name:*	Donor driver license:*
Authorizing person:*	Relationship to donor:*
Address:*	Phone number:*

I wish to register the donor for anatomical donation and cremation, for the purposes of research and education. A document of gift authorizes the postmortem release of the donor's medical records and any examination necessary to ensure the acceptability of the anatomical gift, including the cremation and disposition of the donor's remains after anatomical donation.

	Authorization for Anatomical Donation		Authorization for Cremation
ORS 97.955	Persons Authorized to Make Anatomical Gift During the Life of the Donor (Check the highest priority class possible, or skip if authorized by 97.955) <input type="checkbox"/> 1. The donor, if the donor is an adult or a minor and is emancipated <input type="checkbox"/> 2. An agent of the donor (ex. power of attorney for health care) <input type="checkbox"/> 3. Both parents of the donor, if the donor is an unemancipated minor	ORS 97.130(1)	Right to Control Disposition of Remains (During the Life of the Donor) (Check the highest priority class possible, or skip if authorized by 97.130(2)) <input type="checkbox"/> 1. The donor, if the donor is an adult or a minor and is emancipated <input type="checkbox"/> 2. An agent of the donor (ex. power of attorney for health care) <input type="checkbox"/> 3. Both parents of the donor, if the donor is an unemancipated minor
ORS 97.965	Persons Authorized to Make Anatomical Gift on Behalf of a Decedent (Check the highest priority class possible, or skip if authorized by 97.965) <input type="checkbox"/> 1. An agent of the decedent (ex. durable power of attorney) <input type="checkbox"/> 2. The spouse of the decedent <input type="checkbox"/> 3. An adult child(ren) of the decedent <input type="checkbox"/> 4. Both parents of the decedent <input type="checkbox"/> 5. An adult sibling(s) of the decedent	ORS 97.130(2)	Right to Control Disposition of Remains (on Behalf of a Decedent) (Check the highest priority class possible, or skip if authorized by 97.130(1)) <input type="checkbox"/> 1. An agent of the decedent (ex. durable power of attorney) <input type="checkbox"/> 2. The spouse of the decedent <input type="checkbox"/> 3. A son(s) or daughter(s) of the decedent 18 years of age or older <input type="checkbox"/> 4. Both parents of the decedent <input type="checkbox"/> 5. A brother(s) or sister(s) of the decedent 18 years of age or older

ORS 438.715(4)	Costs and Services that are Responsibility of the Authorizing Person (Check the optional add-on services authorized by the authorizing person) The authorizing person must pre-pay for optional services by credit or debit card before acceptance of the donor in the service area. Services may not be available in all states. <input type="checkbox"/> Brain preservation (pre-registration required) <input type="checkbox"/> Aqua cremation (alkaline hydrolysis) <input type="checkbox"/> DNA preservation, return by USPS registered mail to: Recipient: _____ Phone number: _____ Address: _____
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ORS 97.150	Disposition of Cremated Remains* The human remains of the donor will be cremated by a licensed crematorium selected by Aeternitas Life. Per ORS 438.715(2), any cremated remains returned to a recipient in a cardboard or plastic urn will not include the cremated remains of the anatomical gifts recovered for research and education. <input type="checkbox"/> Do not return cremated remains, scatter remains <input type="checkbox"/> Pick up cremated remains at crematory <input type="checkbox"/> Return cremated remains by USPS registered mail to: Recipient: _____ Phone number: _____ Address: _____
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By signing this record I swear and affirm that I am the donor, their agent or legal next of kin or are otherwise empowered to execute this authorization according to all state and local laws and bear all responsibility thereof. I swear and affirm that I am aware of no objection to this anatomical donation and cremation by the spouse, any adult child, parent, sibling, adult grandchild, grandparent or guardian, or of provision of any will or instructions made by the decedent. I swear and affirm that the information entered herein is true and correct to the best of my knowledge:

Authorizing person signature:*	Date:*	Time:*
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Pursuant to ORS 97.953(6), (a) "disinterested witness" means a witness other than: (A) A spouse, child, parent, sibling, grandchild, grandparent or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift; or (B) An adult who exhibited special care and concern for the individual. (b) Disinterested witness does not include a person to whom an anatomical gift could pass under ORS 97.969. Pursuant to ORS 97.957, (2) if the donor or other person authorized to make an anatomical gift under ORS 97.955 is physically unable to sign a record, the record may be signed by another individual at the direction of the donor or other person and must: (a) be witnessed by at least two adults, at least one of whom is a disinterested witness, who have signed at the request of the donor or the other person; and (b) state that it has been signed and witnessed as provided in paragraph (a) of this subsection.

Witness one:*	Phone number:*	
Witness one signature:*	Date:*	Time:*

Witness two:*	Phone number:*	
Witness two signature:*	Date:*	Time:*

OFFICIAL	Recorded by:	Date:	Time:
	Verified by:	Date:	Time: