



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 as a whole body donor, for the purposes of research and education. A document of gift authorizes the postmortem release of the decedent'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. Please attach a copy of driver license or other ID of authorizing person.* If completed by power of attorney, please attach a copy of durable POA form.*

ORS 97.955	<i>Persons Authorized to Make Anatomical Gift During the Life of the Donor</i> (Check the highest priority class possible, or skip if authorized by 97.965)	ORS 97.130(1)	<i>Right to Control Disposition of Remains (During the Life of the Donor)</i> (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		<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	<i>Persons Authorized to Make Anatomical Gift on Behalf of a Decedent*</i> (Check the highest priority class possible, or skip if authorized by 97.955)	ORS 97.130(2)	<i>Right to Control Disposition of Remains (on Behalf of a Decedent)**</i> (Check the highest priority class possible, or skip if authorized by 97.130(1))
	<input type="checkbox"/> 1. An agent of the donor (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		<input type="checkbox"/> 1. An agent of the donor (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 97.150	<i>Disposition of Cremated Remains*</i>		
	The human remains after anatomical donation 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 or education. <input type="checkbox"/> Do not return cremated remains, scatter <input type="checkbox"/> Pick up cremated remains at crematory <input type="checkbox"/> Return cremated remains by USPS registered mail to: Recipient: _____ Phone number: _____ Address: _____ Does the donor have a pacemaker or any implants/prosthetics? (If yes, I authorize its removal)* No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____ Does the donor have any radioactive implants or did the donor receive any radioactive drugs?* No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____ Does the donor have any infectious, contagious, communicable or dangerous disease(s)?* No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____		

*Pursuant to ORS 97.965(2), if there is more than one member of a class listed in subsection (1) of this section entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to which the gift may pass under ORS 97.969 knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available. Pursuant to ORS 97.965(3), a person may not make an anatomical gift if, at the time of the decedent's death, a person in a prior class under subsection (1) of this section is reasonably available to make or to object to the making of an anatomical gift. **Pursuant to ORS 97.130(9), notwithstanding subsection (2) of this section, a person arrested for or charged with criminal homicide by reason of the death of the decedent may not direct the disposition of the decedents remains. The disposition of the decedents remains shall be made in accordance with the directions of an eligible person within the first applicable class established under subsection (2) of this section.

By signing this record I swear and affirm that I am the donor, their agent or legal next of kin or are otherwise empowered and authorized to execute this authorization according to all state and local laws and bear all responsibility thereof. I further 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 of the donor, or of provision of any will, contract or instructions made by the donor:

Authorizing person signature:*	Date:*	Time:*
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By signing this record I agree to the terms of anatomical donation and cremation 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. Please attach a copy of driver license or other ID of each witness.*

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

OFFICIAL	Representative/affiliation obtaining authorization:	Phone number:	
	Signature/license no. of representative:	Date:	Time:

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