



FINAL DISPOSITION ADDENDUM FOR ANATOMICAL DONATION AND CREMATION

If there is more than one member of a class listed in ORS 97.965 and ORS 97.130(2) entitled to authorize the anatomical donation and cremation on behalf of a decedent, please list their information below. For assistance in completing this form, call 1-844-330-7040.

Print name:		Relationship to donor:	
Signature:		Date:	Time:
Address:		Phone number:	

Print name:		Relationship to donor:	
Signature:		Date:	Time:
Address:		Phone number:	

Print name:		Relationship to donor:	
Signature:		Date:	Time:
Address:		Phone number:	

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Signature:		Date:	Time:
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Address:		Phone number:	

Print name:		Relationship to donor:	
Signature:		Date:	Time:
Address:		Phone number:	

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: