



AUTHORIZATION FOR ANATOMICAL DONATION AND CREMATION

Donor legal name:*	Donor government ID:*
Authorizing person name:*	Relationship to donor:*
Authorizing person 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 name:*	Phone number:*	
Witness one signature:*	Date:*	Time:*

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

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



DONOR VITALS WORKSHEET

Please confirm that all information is correct, legible and matches legal records. Inaccurate, illegible or missing information will delay or void the certified death certificate. If information is unknown, write, "UNKNOWN." If information is not applicable, write, "N/A." For assistance in completing this form, call 1-844-330-7040.

Donor legal name:*		Donor maiden name:*
Informant person name:*		Relationship to donor:*
Informant address:*		Phone number:*

DEMOGRAPHICS	Sex:*	Race:*	Height:*	Weight:*	Social security number:*
	Hispanic origin:*		Tribal affiliation:*		Education level:*
	Birth city:*		Birth state and country:*		DOB:*
	Legal residence:*				Resident since:*

SOCIAL HISTORY	Career occupation:*	Industry:*	U.S. military service:*
	Spouse name:*	Spouse maiden name:*	Birth state and country:*
	Mother name:*	Mother maiden name:*	Birth state and country:*
	Father name:*	Father surname:*	Birth state and country:*

EOLC HISTORY	Hospital or hospice agency:*		Phone number:*
	Hospital or hospice address:*		Patient since:*
	Primary physician:*		Phone number:*
	Marital status at death:*	Cause of death:*	DOD:*

The following questions are asked to obtain relevant medical and social history information so that the donation can be applied to the appropriate uses for research and education. If information is unknown, write, "UNKNOWN." The following questions are not exhaustive, please provide detailed information as much as possible.

MEDICAL HISTORY QUESTIONNAIRE	Take any prescription or anticoagulant drugs?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Take any intravenous or recreational drugs?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Take any radioactive drugs or treatment?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Tested positive for HIV or hepatitis B or C?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Tested positive for prion disease or parasites?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Tested positive for MRSA, VRE, TB or sepsis?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of vascular hypertension?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of smoking or alcohol use?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of medical or dental implants?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of surgery or amputation?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of bone or organ disease?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of cancer or diabetes?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Received any transplant, therapy or transfusion?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Received any medical aid in dying care?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
Received any hospital or hospice care?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	

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



FINAL DISPOSITION ADDENDUM

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 donor, 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:	

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:
Address:		Phone number:	

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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:	

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

Documentation Requirements Pursuant to OAR 333-081-0075 and ORS 438.715

(1) As required by Oregon Laws 2013, chapter 356, section 3(4), when a NARRO accepts an offer from an individual to donate anatomical material it must provide that individual notice that clearly explains:

(a) How the NARRO intends to dispose of the anatomical material if donated, and whether and how and anatomical material may be returned;

It is the policy of Aeternitas Life to cremate any human remains after donation of the anatomical gift. The cremation will be performed by an independent, licensed crematorium at the direction of Aeternitas Life, subject to its rules and regulations. The disposition of the anatomical gifts may be conducted by the institution(s) to which they have been distributed, in accordance with all laws pertaining to the disposition of human remains. The authorizing person may choose to have partial cremated remains returned by mail to the next of kin at an address specified in the document of final disposition, or scattered. If partial cremated remains are being returned, please allow approximately four to six weeks for the remains to be processed and sent by registered mail.

(b) Whether or not the NARRO guarantees the coverage of costs related to transporting and disposing of the anatomical material and, if all costs will not be covered, what costs will be the responsibility of the individual making the donation; and

Upon authorization of donation, the company agrees to be responsible for certain costs **directly** related to the donation including death certificate processing, cremation and distribution or disposition of the anatomical gifts. The company will not reimburse costs incurred before the authorization of donation. The cost of supplemental services will be the

responsibility of the authorizing person. In the condition that unforeseen circumstances at the time of death appear to make transportation of the donor to a NARRO facility hazardous to any personnel, the company reserves the right, at their sole discretion and direction, to forego donation and provide for the disposition of human remains at a local crematorium.

- (c) What costs will be covered by the NARRO and what costs will be the responsibility of the individual making the donation if the individual or relative or personal representative subsequently rescinds, or the NARRO later rejects, the offer of anatomical material.

In the event that the authorizing person subsequently rescinds the authorization, the document of authorization becomes totally and completely void and no obligation will be placed on the company or its associated agents regarding any costs related to the death or disposition of the donor. The authorizing person will be responsible for all costs incurred with the donation including transportation and other arrangements for disposition.

- (2) If a NARRO returns any anatomical material to a relative or personal representative of a donor, the NARRO must provide that person with a notice that discloses whether all or part of the donor's body is being returned.

It is the policy of Aeternitas Life that the cremated remains returned will not include the anatomical gifts recovered for research or education. The remains being returned consists of cremated human remains that could not be used for research and education.

- (3) The notice required by sections (1) and (2) of this rule must be in writing and be printed in at least 14-point type.