

OREGON STATE STATUTES and RULES  
**ALTERNATIVE DISPOSITION FACILITY PROCEDURES**  
(For dissolution of human remains)

**OAR 830-030-0000(2)** Alternative Disposition Facility Authorities must comply with the requirements in this division (Division 30) for the handling and tracking of human remains prior to, during, and after cremation as if the Alternative Disposition Facility Authority is a Crematory Authority, the alternative disposition remains are cremated remains and the dissolution chamber is a cremation chamber.

**OAR 830-040-0000(2)** Alternative Disposition Facility Authorities must comply with the requirements in this division (Division 40) for Crematory Authorities and cremated remains, as if alternative disposition remains are cremated remains, as if the facility is a Crematory Authority, and as if dissolution is cremation.

**THE FOLLOWING ITEMS ARE REQUIRED TO BE PRESENT WITH THE REMAINS:**

1. \_\_\_\_\_ **Final Disposition Permit** (*Physician's signature obtained, or alternative authorization completed*)  
OAR 830-030-0000(4)(c); OAR 830-030-0030(1)(2)(3); ORS 432.317(6); ORS 432.317(7)
2. \_\_\_\_\_ **ID Tag** (Oregon death) (Must be attached to the receptacle containing remains or to the remains, not with the 'paperwork')  
OAR 830-030-0030(1); OAR 830-030-0000(4), (5) & (6)
3. \_\_\_\_\_ **Alternative Dissolution Authorization** (*Signed by the person with the right to control final disposition. If there is any cause to doubt the relationship/authority of the "authorizing person", contact the funeral home before Dissolution.*)  
ORS 97.130; OAR 830-030-0040(2)

**PRIOR TO ACCEPTING REMAINS (NOT AFTER ACCEPTING REMAINS, BUT PRIOR TO DOING SO):**

\_\_\_\_\_ **SIGN the FINAL DISPOSITION PERMIT.** Your signature means you have already verified that the ID TAG NUMBER on the remains is the same number that is on the PERMIT/AUTHORIZATION, or in the case of a death outside of Oregon, you have verified the remains by the accompanying, required identification` OAR 830-030-0000(4)(5)(6); OAR 830-030-0030(1)(2)(3); ORS 432.317(6); ORS 432.317(7)

\_\_\_\_\_ **RECORD the DATE of FINAL DISPOSITION on the FINAL DISPOSITION PERMIT**  
OAR 830-030-0000(4)(5)(6); OAR 830-030-0030(1)(2)(3); ORS 432.317(6); ORS 432.317(7)

\* **ID TAG on ALTERNATIVE DISPOSITION CONTAINER PRIOR TO ALTERNATIVE DISPOSITION** (Oregon Death)  
(On top/head end of Casket, Alternative Container or Receptacle or to Remains)

If remains arrive at the facility **not** in an Dissolution container, the Alternative Disposition authority shall satisfy identification, and thereafter place the following upon the exterior of the Dissolution container, (receptacle): OAR 830-030-0030(2) & (3)

_____ Name of deceased	_____ Date of death
_____ Place of death	_____ Name and relationship of authorizing agent
_____ Facility responsible for arrangements	

**PLACE REMAINS IN THE ALTERNATIVE DISPOSITION CHAMBER:**

- \_\_\_\_\_ ID Tag Accompanies Remains Throughout Alternative Disposition Process OAR 830-030-0000(5); OAR 830-030-0040(6)
- \_\_\_\_\_ On hook on outside of chamber

**PROCESSING:** (ID Tag follows alternative disposition remains through process)

- \_\_\_\_\_ **ALL RESIDUAL of the ALTERNATIVE DISPOSITION PROCESS shall be PROCESSED** (unidentifiable dimensions)  
OAR 830-030-0050(1) & (2); OAR 830-011-0000(41)
- \_\_\_\_\_ **PLACE the ENTIRE PROCESSED REMAINS in the CONTAINER** OAR 830-030-0050(3); OAR 830-030-0050(4); ORS 692.405
- \_\_\_\_\_ **DISSOLUTION CHAMBER must be THOROUGHLY CLEANED between DISSOLUTIONS** OAR 830-030-0050(1)
- \_\_\_\_\_ **EXCESS PROCESSED REMAINS ARE placed in another CONTAINER and given to the person DESIGNATED on the STATEMENT of DELIVERY** (or obtain proper written authorization for other dispersal). OAR 830-030-0050(4)
- \_\_\_\_\_ **ID TAG is ATTACHED to or IN the PROCESSED REMAINS CONTAINER after DISSOLUTION** OAR 830-030-0050(3)
- \_\_\_\_\_ **AFFIX LABEL to the TEMPORARY RECEPTACLE or ATTACH to the URN** OAR 830-030-0050(5)

NAME \_\_\_\_\_ DOD \_\_\_\_\_ ID # \_\_\_\_\_ FUNERAL HOME \_\_\_\_\_ ALTERNATIVE DISPOSITON FACILITY NAME \_\_\_\_\_