

**IMMEDIATE DISPOSITION COMPANY INSPECTION CHECKLIST**

**OREGON MORTUARY AND CEMETERY BOARD  
800 NE OREGON STREET Suite 430, PORTLAND, OREGON 97232  
(971) 673-1500**

**ESTABLISHMENT NAME (dba):** \_\_\_\_\_

**(Co-located facilities)** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_ **#IM-** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ / \_\_\_\_\_ **am/pm** **INSPECTOR(s):** \_\_\_\_\_

**MANAGER:** \_\_\_\_\_ **FSP LIC #:** \_\_\_\_\_

\*SCOPE OF LICENSE: OAR 830-030-0008(2) An Immediate Disposition Company may only arrange for immediate final dispositions without viewing or visitation, or a ceremony with the human remains present except for a graveside service.

\* A major problem regarding this type of license is that there aren't any legal provisions for an immediate disposition company to hold remains. Direct cremation and Immediate Burial, do not happen "immediately." There is a conflict in the law between an immediate disposition company not being able to hold remains and the requirement to basically have to hold remains in order to get the death certificate completed and obtain authorization for final disposition. There are also requirements for remains to be either embalmed or refrigerated at 36 degrees F or less, after 24 hours after death [OAR 830-030-0010(1)]. Therefore, it is not possible for an Immediate Disposition Company to be in compliance with Oregon Laws and Administrative Rules. It is also not lawful for an immediate disposition company to hold remains in a vehicle while trying to obtain death certificate information and authorization for final disposition. [Legislative action would be necessary to correct this problem and currently the Board tries to discourage this type of license and promotes licensing a FE with a holding room, unless the IDC is possibly licensed at the same location as a funeral establishment, which is licensed to hold remains. There are a few IDC's licensed alone at business offices].

ORS 432.307(2) provides that the funeral service practitioner shall obtain personal data from the next of kin or best qualified person/source and provide the information to the certifier within 48 hours after death. ORS 432.307(3) provides that the physician or certified nurse practitioner in charge of the care of the patient, shall complete, sign and return the medical certification to the funeral service practitioner within 48 hours.

However, ORS 432.317(2) provides "oral authorization" as an alternative to a signature for final disposition. Oral authorization may be obtained from a licensed health professional that the responsible physician will certify the cause of death prior to final disposition.

Although oral authorization may expedite final disposition, it still cannot occur "immediately."

NOTE: OAR 830-030-0008(1)(a)(b)(c) establishes the scope of license for funeral establishments and how they differ from immediate disposition companies.

**LICENSE / RECORDS:**

\_\_\_\_\_ Establishment and Apprentice LICENSES POSTED conspicuously for public viewing: OAR 830-040-0000(13)  
\_\_\_\_\_ Location of Records: \_\_\_\_\_ OAR 830-040-0000(14)  
\_\_\_\_\_ Is the ownership entity / assumed business name active with Secretary of State? \_\_\_\_\_  
ORs 692.025; ORs 692.146; ORs 692.148; ORs 692.180; ORs 692.260; ORs 692.990; OAR 830-040-0030  
\_\_\_\_\_ Outstanding Licensing Issues? \_\_\_\_\_  
\_\_\_\_\_ Have there been Changes in Principals? \_\_\_\_\_ OAR 692.148(1); OAR 830-011-0000(40)

**ADVERTISING:**

\_\_\_\_\_ Internet Advertising? \_\_\_\_\_ Contains prices? \_\_\_\_\_ include link to effective GPL? \_\_\_\_\_  
OAR 830-040-0050(6)  
\_\_\_\_\_ Misrepresentation? Accurate Name? \_\_\_\_\_ Address? \_\_\_\_\_ OAR 830-040-0050(5); OAR830-040-0050(1)

**IMMEDIATE DISPOSITION COMPANIES CANNOT:** OAR 830-030-0008(1) & (2)

\_\_\_\_\_ Have a Preparation or Holding room \_\_\_\_\_  
\_\_\_\_\_ Offer Embalming \_\_\_\_\_  
\_\_\_\_\_ Have Refrigeration \_\_\_\_\_  
\_\_\_\_\_ Employ a licensed embalmer \_\_\_\_\_  
\_\_\_\_\_ Offer formal / public viewing or visitation of remains \_\_\_\_\_  
\_\_\_\_\_ Offer ceremony with human remains present (except for graveside service) \_\_\_\_\_  
*(IDC's must refer Identification Viewing to a licensed funeral home for those services.)*

**MANAGER:**

\_\_\_\_\_ Does the immediate disposition company have a manager? \_\_\_\_\_ OAR 830-030-0000(12)  
\_\_\_\_\_ Manager is listed on license: If not, how long has manager been at the facility: \_\_\_\_\_  
OAR 830-040-0000(6); ORs 692.148(1)  
\_\_\_\_\_ Is the manager a licensed FSP? \_\_\_\_\_ OAR 830-030-0000(12); ORs 692.025(3)(b)  
\_\_\_\_\_ Does the manager manage any other facilities? Y / N If Yes, does the manager have Board  
approval? Y / N List: \_\_\_\_\_ OAR 830-030-0000(13)  
\_\_\_\_\_ Does the IDC have Cemetery Records? Y / N \_\_\_\_\_  
\_\_\_\_\_ Licensee cooperated with the inspection: Y / N \_\_\_\_\_ OAR 830-040-0010(2), (4) & (5)  
\_\_\_\_\_ Licensee provided false or misleading information to the inspector during the inspection: Y / N  
false or misleading  
information to Inspector = OAR 830-040-0010(2),(3), (4) & (5); OAR 830-050-0050(4); OAR 838-030-0090(4)(d), (f) & (g)  
\_\_\_\_\_ Licensed Personnel: \_\_\_\_\_

**APPRENTICE LOGS:** 830-011-0020(3) (a - b),(c) (A - G)

FSP:	(A) _____ Name of deceased/ Authorizing Agent	(B) _____ Date of Death	(C) _____ Date /Place Arrangements Made	(D) _____ Description of Participation with family	(E) _____ Days/Hours Worked	(F) _____ Supervisor Confirm	(G) _____ Facility in Charge of Final Disposition
Min 1440 hours per year: Hours to Date	_____					OAR 830-011-0020(3)	
Assist with 25 funerals. Number to date	_____					OAR 830-011-0020(3)	

**GENERAL PRICE LIST: 16 CFR 453.2(b)(4)(I)(C):**

- \_\_\_\_\_ The name of the establishment 16 CFR 453.2 (b)(4)(i)(C)(1)
- \_\_\_\_\_ The address of the establishment 16 CFR 453.2 (b)(4)(i)(C)(1)
- \_\_\_\_\_ The telephone number of the place of business 16 CFR 453.2 (b)(4)(i)(C)(1)
- \_\_\_\_\_ The caption: General Price List 16 CFR 453.2 (b)(4)(i)(C)(2)
- \_\_\_\_\_ The effective date of the price list. Date: \_\_\_\_\_ 16 CFR 453.2 (b)(4)(i)(C)(3)
- \_\_\_\_\_ Right of Selection Disclosure: 16 CFR 453.4(b)(2)(i)(A)

*“The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected. “*

- \_\_\_\_\_ Alternative Container Disclosure: 16 CFR 453.3(b)(2)

*“If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers).”*

- \_\_\_\_\_ Basic Services Fee Disclosure: 16 CFR 453.2(b)(4)(iii)(C)(1)

*“This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials.)” (omitted: forwarding and receiving remains)*

- \_\_\_\_\_ Casket Price List Disclosure: (w/Casket range on the GPL) 16 CFR 453.2(b)(4)(iii)(A)(1)  
*“A complete price list will be provided at the funeral home.”*

- \_\_\_\_\_ Outer Burial Container Price List: (w/OB range on the GPL) 16 CFR 453.2(b)(4)(iii)(B)(1)  
*“A complete price list will be provided at the funeral home.”*

**THE FOLLOWING ITEMS ARE REQUIRED TO BE INCLUDED IN THE GPL, IF OFFERED:**

- \_\_\_\_\_ Basic Services of Funeral Director and Staff, and overhead 16 CFR 453.2(b)(4)(iii)(C)(1)
- \_\_\_\_\_ Use of facility and staff for memorial service 16 CFR 453.2(b)(4)(ii)(J)
- \_\_\_\_\_ Use of equipment and staff for graveside service 16 CFR 453.2(b)(4)(ii)(K)
- \_\_\_\_\_ Hearse 16 CFR 453.2(b)(4)(ii)(L)
- \_\_\_\_\_ Limousine 16 CFR 453.2(b)(4)(ii)(M)
- \_\_\_\_\_ Casket Price List (all caskets offered) OR 16 CFR 453.2(b)(4)(iii)(A)(2)  
    \_\_\_\_\_ Casket Price Range 16 CFR 453.2(b)(4)(iii)(A)(1)
- \_\_\_\_\_ Outer Burial Container Price List (all containers offered) OR 16 CFR 453.2(b)(4)(iii)(B)(2)  
    \_\_\_\_\_ Outer Burial Container Price Range 16 CFR 453.2(b)(4)(iii)(B)(1)

**DIRECT CREMATION:**

- \_\_\_\_\_ Does GPL state a price range for all of the direct cremations offered by the provider?  
*Together with the following:* 16 CFR 453.2(b)(4)(ii)(C)
- \_\_\_\_\_ One price - consumer provides the casket or container 16 CFR 453.2(b)(4)(ii)(C)(1)
- \_\_\_\_\_ Separate prices for each DC offered including alternative container/casket 16 CFR 453.2(b)(4)(ii)(C)(2)
- \_\_\_\_\_ Description of services and container (where applicable) included in each price  
16 CFR 453.2(b)(4)(ii)(C)(3)

**IMMEDIATE BURIAL:**

- \_\_\_\_\_ Does GPL state a price range for all of the immediate burials offered by the provider?  
*Together with the following:* 16 CFR 453.2(b)(4)(ii)(D)
- \_\_\_\_\_ One price where the consumer provides the casket 16 CFR 453.2(b)(4)(ii)(D)(1)
- \_\_\_\_\_ Separate prices for each IB offered including a casket 16 CFR 453.2(b)(4)(ii)(D)(2)
- \_\_\_\_\_ A description of the services and that container 16 CFR 453.2(b)(4)(ii)(D)(3)

**INTERMENT AUTHORIZATION: OAR 830-040-0000(7)(g)**

- |  |   |
|--|---|
| _____ Printed name of Authorizing Agent          | _____ Signature of Authorizing Agent          |
| _____ Printed Name of Licensee or Representative | _____ Signature of Licensee or Representative |
| _____ Phone Number of the Authorizing Agent      | _____ Relationship                            |
| _____ Date                                       | _____ Time                                    |

**MISCELLANEOUS QUESTIONS:**

- \_\_\_\_\_ Does immediate disposition company have an available supply of GPL's? Y / N \_\_\_\_\_  
*A consumer must be given a copy of the GPL to keep at the beginning of discussing arrangements. A binder can be used, but only in conjunction with the GPL. - FTC Business Guide.* 16 CFR 453.2(b)(4)(i)(A)
- \_\_\_\_\_ Has the immediate disposition company kept a copy of the GPL, CPL, OBCPL and SFGSS for one year after the date of their last distribution to customers? \_\_\_\_\_ 16 CFR 453.6
- \_\_\_\_\_ Does the GPL contain any prohibited non-declinable fees, including any which should be included in the basic services fee? \_\_\_\_\_  
\_\_\_\_\_ 16 CFR 453.2(b)(4)(iii)(C) and (iv)

**CASKET PRICE LIST:**

- \_\_\_\_\_ Is the list clearly marked with "Casket Price List"? 16 CFR 453.2(b)(2)(i)
- \_\_\_\_\_ Is the list clearly marked with the immediate disposition company's name? 16 CFR 453.2(b)(2)(ii)
- \_\_\_\_\_ Is the effective date for the list indicated? Date: \_\_\_\_\_ 16 CFR 453.2(b)(2)(i)
- \_\_\_\_\_ Does the list contain a price for each casket (exclude Sp. Order), including alternative containers?  
16 CFR 453.2(b)(2)(i); 16 CFR 453.2(a)

**OUTER BURIAL CONTAINER PRICE LIST:**

- \_\_\_\_\_ Is the list clearly marked as "Outer Burial Container Price List"? 16 CFR 453.2(b)(3)(ii)
- \_\_\_\_\_ Is the list clearly marked with the immediate disposition company's name? 16 CFR 453.2(b)(3)(ii)
- \_\_\_\_\_ Is the effective date for the list indicated? Date: \_\_\_\_\_ 16 CFR 453.2(b)(3)(i)
- \_\_\_\_\_ Does the list contain a price for each container (ex. Spec. Order) 16 CFR 453.2(b)(3)(i)
- \_\_\_\_\_ **Outer Burial Container Disclosure:** [This disclosure can be included in the GPL if the outer burial containers are included as part of the GPL] 16 CFR 453.3(c)(2)

*"In most areas of the country, state or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so that the grave will not sink in. Either a grave liner or a burial vault will satisfy these requirements."*

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED / CONTRACTS:**

- \_\_\_\_\_ Legal Requirement Disclosure: 16 CFR 453.4(b)(2)(i)(B)

*"Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below."*

- \_\_\_\_\_ Embalming Disclosure: NONE 16 CFR 453.5(b)

- Y / N Cash Advance Disclosure: *Does funeral establishment make a charge upon, or receive and retain a rebate, commission or trade or volume discount upon a cash advance item? Commonly marked up cash advance items might be flowers or newspaper obituaries? If yes, then the SFGSS must have this FTC DISCLOSURE:* 16 CFR 453.3(f)(2)

*"We charge you for our services in obtaining:" (the contract must specify cash advance items – such as ..... death certificates, flowers..... etc.)*

- Y / N Do Contracts (at need, pre-need, pre-construction) have the physical location of the facility? OAR 830-040-0005(2)

- Y / N Do pre-need and pre-construction contracts include not less than 5 days in which to cancel ? OAR 830-030-0100(7)

- Y / N Licensing Disclosure: Do Contracts (at need, pre-need, pre-construction) have printed in a minimum 10 point print on each contact, the following disclosure: OAR 830-040-0005(1)

**"THIS FACILITY IS LICENSED AND REGULATED BY THE OREGON MORTUARY AND CEMETERY BOARD"**  
Immediately Followed by the Board's area code and phone number, 971-673-1500.

**CREMATION AUTHORIZATION:**

Written documentation of permission to cremate: OAR 830-040-0000(7)(G); ORS 97.130(1)

- \_\_\_\_\_ The name of the person with the right to control disposition,
- \_\_\_\_\_ Relationship to the deceased,
- \_\_\_\_\_ Date contacted and
- \_\_\_\_\_ Time contacted
- \_\_\_\_\_ Phone number and
- \_\_\_\_\_ Name of the licensee or funeral home representative acquiring the authorization.

**STATEMENT OF DELIVERY OF CREMATED REMAINS:** OAR 830-040-0000(8); ORS 97.150; OAR 830-030-0090(1)(b)

\_\_\_\_\_ The statement of disposition of cremated remains is usually located on the cremation authorization. All persons authorized to pick up the cremated remains should be named instead of: "release to family." It is not a violation in itself, but the law requires that the statement of delivery must correspond to the receipt for cremated remains.

**RECEIPT FOR CREMATED REMAINS:** (Sample online) OAR 830-040-0000(9)

- \_\_\_\_\_ Name of the deceased
- \_\_\_\_\_ Name of the individual receiving the cremains
- \_\_\_\_\_ Date of delivery
- \_\_\_\_\_ Signature of individual receiving the cremains
- \_\_\_\_\_ The licensee or licensee's representative releasing the cremains signature

**Sample Copy provided to facility representative as requested**

**PRENEED SALES:**

Y / N Is the IDC selling Preneed goods and services? (circle) **Trusts** and/or **Insurance**

Y / N REGISTERED as CERTIFIED PROVIDER with DCBS? Registration # \_\_\_\_\_ ORS 97.933

Y / N FILING ANNUAL REPORTS? \_\_\_\_\_

**DCBS has direct jurisdiction of the "certified provider" [cemetery or funeral establishment]. If the establishment is not registered, not filing reports or trusting money properly, refer this and any matters regarding ORS 97.923 - 949 to DCBS Gail Smith, Auditor 503-947-7499 [Charles Donald, Director]. Forms and other information are available online through [www.oregon.gov](http://www.oregon.gov) under popular sites/state agencies.**  
ORS 97.933(3)(a)

Y / N PRENEED SALESPERSONS REGISTERED w/BOARD? Y / N OAR 830-011-0070(1), (2) & (4)  
ORS 97.931(1)

*Individuals who are currently licensed as a funeral service practitioner or embalmer or certificated as an apprentice funeral service practitioner or apprentice embalmer do not need to register to sell preneed.*

Y / N Are Preneed Salespersons engaging in at need arrangements? \_\_\_\_\_ OAR 830-030-0004(3)  
OAR 830-030-0004(1)(a) & (b), (2)

Unlicensed Practicing Personnel: \_\_\_\_\_

Y / N SALESPERSON advises Board of CHANGE OF ADDRESS within 30 days of change. OAR 830-011-0070(2)

Y / N The Preneed Trust Program includes a period of not less than **FIVE (5) DAYS** for a purchaser to cancel their preneed contract \_\_\_\_\_ OAR 830-030-0100(7)

Y / N Are preneed Trust salespersons in compliance with the Funeral Rule? [Providing a GPL prior to discussion of FUNERAL arrangements for consumers to retain; showing consumers CPL and OBCPL] \_\_\_\_\_ 16 CFR 453

**PERMANENT RECORDS - AT NEED:**

Permanent Records required per Statutes, Rules:  
ORS 692.320(2) Records required to comply with ORS 692; ORS 432; and with rules adopted  
OAR 830-040-0000 (8) signed statement specifying action taken regarding delivery of cremated remains  
OAR 830-040-0000 (9) signed cremated remains Receipt  
OAR 830-040-0000 (7)(a)(b)(c)(d)(e)(f) & (g)

*Copies of all transactions performed for the care, preparation and final disposition of human remains - record to include, at a minimum the following:*

1. NAME(7)(a) \_\_\_\_\_ ID Tag (7)(a) \_\_\_\_\_ DOD (7)(b) \_\_\_\_\_

Name of Purchaser (7)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (7)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(7); OAR 830-030-0090(1)(a)(b)(c) & (d)

CREMATED: Y / N \_\_\_\_\_ Name of CREMATORY? \_\_\_\_\_

**CREMATION AUTHORIZATION** (7)(g) Y / N

\_\_\_\_\_ The name of the person with the right to control disposition: \_\_\_\_\_  
\_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_  
\_\_\_\_\_ Date contacted: \_\_\_\_\_  
\_\_\_\_\_ Time contacted: \_\_\_\_\_  
\_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_ Name of the licensee or FE Rep acquiring the authorization: \_\_\_\_\_

**SIGNED STATEMENT of DISPOSITION OF CREMAINS** (8): \_\_\_\_\_

Y / N Did the person listed as the authorized individual to receive the cremated human remains on the *statement of disposition* pick up the cremated human remains? \_\_\_\_\_  
OAR 830-040-0000(9); ORS 97.150(1); OAR 830-030-0090(1)(b)

Y / N Did decedent make own arrangements, or designate an authorized agent prior to his/her death? *If so, were the arrangements carried out as requested?* \_\_\_\_\_  
ORS 97.130; OAR 830-030-0090(1)(b)

**RECEIPT FOR CREMAINS** (9): Y / N

\_\_\_\_\_ Decedent \_\_\_\_\_  
\_\_\_\_\_ Name of person receiving cremated remains \_\_\_\_\_  
\_\_\_\_\_ Date Received / Delivered \_\_\_\_\_  
\_\_\_\_\_ Signature of person receiving \_\_\_\_\_  
\_\_\_\_\_ Signature of FSP or FE Representative \_\_\_\_\_

Y / N IF CREMAINS ARE SCATTERED by IDC, IS THE TAG IN THE FILE? \_\_\_\_\_ OAR 830-030-0000(10)

Y / N IF CREMAINS ARE SCATTERED is Written Authorization Obtained? \_\_\_\_\_ OAR 830-040-0000(7)(g)

**INTERMENT AUTHORIZATION: (7)(g)**

\_\_\_\_\_ Printed name of Authorizing Agent \_\_\_\_\_ Signature of Authorizing Agent  
\_\_\_\_\_ Printed Name of Licensee or Representative \_\_\_\_\_ Signature of Licensee or Representative  
\_\_\_\_\_ Phone Number of the Authorizing Agent \_\_\_\_\_ Relationship  
\_\_\_\_\_ Date \_\_\_\_\_ Time

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_  
16CFR 453.8; 16CFR 453.2(a); Misrep: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)

SFGSS has GOOD ITEMIZATION OF PACKAGES: Y / N \_\_\_\_\_  
16 CFR 453.2(b)(5)(i)(A); 16 CFR 453.2(a)

2. NAME(7)(a) \_\_\_\_\_ ID Tag (7)(a) \_\_\_\_\_ DOD (7)(b) \_\_\_\_\_

Name of Purchaser (7)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (7)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(7); OAR 830-030-0090(1)(a)(b)(c) & (d)

CREMATED: Y / N \_\_\_\_\_ Name of CREMATORY? \_\_\_\_\_

**CREMATION AUTHORIZATION** (7)(g) Y / N

\_\_\_\_\_ The name of the person with the right to control disposition: \_\_\_\_\_

\_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_

\_\_\_\_\_ Date contacted: \_\_\_\_\_

\_\_\_\_\_ Time contacted: \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_ Name of the licensee or FE Rep acquiring the authorization: \_\_\_\_\_

**SIGNED STATEMENT of DISPOSITION OF CREMAINS** (8): \_\_\_\_\_

Y / N Did the person listed as the authorized individual to receive the cremated human remains on the *statement of disposition* pick up the cremated human remains? \_\_\_\_\_

OAR 830-040-0000(9); ORS 97.150(1); OAR 830-030-0090(1)(b)

Y / N Did decedent make own arrangements, or designate an authorized agent prior to his/her death? *If so, were the arrangements carried out as requested?* \_\_\_\_\_

ORS 97.130; OAR 830-030-0090(1)(b)

**RECEIPT FOR CREMAINS** (9): Y / N

\_\_\_\_\_ Decedent \_\_\_\_\_

\_\_\_\_\_ Name of person receiving cremated remains \_\_\_\_\_

\_\_\_\_\_ Date Received / Delivered \_\_\_\_\_

\_\_\_\_\_ Signature of person receiving \_\_\_\_\_

\_\_\_\_\_ Signature of FSP or FE Representative \_\_\_\_\_

Y / N IF CREMAINS ARE SCATTERED by IDC, IS THE TAG IN THE FILE? \_\_\_\_\_ OAR 830-030-0000(10)

Y / N IF CREMAINS ARE SCATTERED is Written Authorization Obtained? \_\_\_\_\_ OAR 830-040-0000(7)(g)

**INTERMENT AUTHORIZATION: (7)(g)**

\_\_\_\_\_ Printed name of Authorizing Agent

\_\_\_\_\_ Printed Name of Licensee or Representative

\_\_\_\_\_ Phone Number of the Authorizing Agent

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorizing Agent

\_\_\_\_\_ Signature of Licensee or Representative

\_\_\_\_\_ Relationship

\_\_\_\_\_ Time

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_  
16CFR 453.8; 16CFR 453.2(a); Misrep: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)

SFGSS has GOOD ITEMIZATION OF PACKAGES: Y / N \_\_\_\_\_

16 CFR 453.2(b)(5)(i)(A); 16 CFR 453.2(a)

3. NAME(7)(a) \_\_\_\_\_ ID Tag (7)(a) \_\_\_\_\_ DOD (7)(b) \_\_\_\_\_

Name of Purchaser (7)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (7)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(7); OAR 830-030-0090(1)(a)(b)(c) & (d)

CREMATED: Y / N \_\_\_\_\_ Name of CREMATORY? \_\_\_\_\_

**CREMATION AUTHORIZATION** (7)(g) Y / N

\_\_\_\_\_ The name of the person with the right to control disposition: \_\_\_\_\_  
\_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_  
\_\_\_\_\_ Date contacted: \_\_\_\_\_  
\_\_\_\_\_ Time contacted: \_\_\_\_\_  
\_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_ Name of the licensee or FE Rep acquiring the authorization: \_\_\_\_\_

**SIGNED STATEMENT of DISPOSITION OF CREMAINS** (8): \_\_\_\_\_

Y / N Did the person listed as the authorized individual to receive the cremated human remains on the *statement of disposition* pick up the cremated human remains? \_\_\_\_\_  
OAR 830-040-0000(9); ORS 97.150(1); OAR 830-030-0090(1)(b)

Y / N Did decedent make own arrangements, or designate an authorized agent prior to his/her death? *If so, were the arrangements carried out as requested?* \_\_\_\_\_  
ORS 97.130; OAR 830-030-0090(1)(b)

**RECEIPT FOR CREMAINS** (9): Y / N

\_\_\_\_\_ Decedent \_\_\_\_\_  
\_\_\_\_\_ Name of person receiving cremated remains \_\_\_\_\_  
\_\_\_\_\_ Date Received / Delivered \_\_\_\_\_  
\_\_\_\_\_ Signature of person receiving \_\_\_\_\_  
\_\_\_\_\_ Signature of FSP or FE Representative \_\_\_\_\_

Y / N IF CREMAINS ARE SCATTERED by IDC, IS THE TAG IN THE FILE? \_\_\_\_\_ OAR 830-030-0000(10)

Y / N IF CREMAINS ARE SCATTERED is Written Authorization Obtained? \_\_\_\_\_ OAR 830-040-0000(7)(g)

**INTERMENT AUTHORIZATION: (7)(g)**

_____ Printed name of Authorizing Agent	_____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative	_____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent	_____ Relationship
_____ Date	_____ Time

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_  
16CFR 453.8; 16CFR 453.2(a); Misrep: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)

SFGSS has GOOD ITEMIZATION OF PACKAGES: Y / N \_\_\_\_\_  
16 CFR 453.2(b)(5)(i)(A); 16 CFR 453.2(a)

4. NAME(7)(a) \_\_\_\_\_ ID Tag (7)(a) \_\_\_\_\_ DOD (7)(b) \_\_\_\_\_

Name of Purchaser (7)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (7)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(7); OAR 830-030-0090(1)(a)(b)(c) & (d)

CREMATED: Y / N \_\_\_\_\_ Name of CREMATORY? \_\_\_\_\_

**CREMATION AUTHORIZATION** (7)(g) Y / N

\_\_\_\_\_ The name of the person with the right to control disposition: \_\_\_\_\_

\_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_

\_\_\_\_\_ Date contacted: \_\_\_\_\_

\_\_\_\_\_ Time contacted: \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_ Name of the licensee or FE Rep acquiring the authorization: \_\_\_\_\_

**SIGNED STATEMENT of DISPOSITION OF CREMAINS** (8): \_\_\_\_\_

Y / N Did the person listed as the authorized individual to receive the cremated human remains on the *statement of disposition* pick up the cremated human remains? \_\_\_\_\_

OAR 830-040-0000(9); ORS 97.150(1); OAR 830-030-0090(1)(b)

Y / N Did decedent make own arrangements, or designate an authorized agent prior to his/her death? *If so, were the arrangements carried out as requested?* \_\_\_\_\_

ORS 97.130; OAR 830-030-0090(1)(b)

**RECEIPT FOR CREMAINS** (9): Y / N

\_\_\_\_\_ Decedent \_\_\_\_\_

\_\_\_\_\_ Name of person receiving cremated remains \_\_\_\_\_

\_\_\_\_\_ Date Received / Delivered \_\_\_\_\_

\_\_\_\_\_ Signature of person receiving \_\_\_\_\_

\_\_\_\_\_ Signature of FSP or FE Representative \_\_\_\_\_

Y / N IF CREMAINS ARE SCATTERED by IDC, IS THE TAG IN THE FILE? \_\_\_\_\_ OAR 830-030-0000(10)

Y / N IF CREMAINS ARE SCATTERED is Written Authorization Obtained? \_\_\_\_\_ OAR 830-040-0000(7)(g)

**INTERMENT AUTHORIZATION: (7)(g)**

\_\_\_\_\_ Printed name of Authorizing Agent

\_\_\_\_\_ Printed Name of Licensee or Representative

\_\_\_\_\_ Phone Number of the Authorizing Agent

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorizing Agent

\_\_\_\_\_ Signature of Licensee or Representative

\_\_\_\_\_ Relationship

\_\_\_\_\_ Time

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_  
16CFR 453.8; 16CFR 453.2(a); Misrep: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)

SFGSS has GOOD ITEMIZATION OF PACKAGES: Y / N \_\_\_\_\_

16 CFR 453.2(b)(5)(i)(A); 16 CFR 453.2(a)

**PRENEED – PERMANENT RECORDS:** *(Italics – DCBS statutes, only)*

1. NAME \_\_\_\_\_ *Date of Purchase* \_\_\_\_\_  
Address \_\_\_\_\_ *Phone #* \_\_\_\_\_  
Preneed Salesperson Registered? Y / N (#) \_\_\_\_\_ OAR 830-011-0070(1)(2) ORS 97.931(1)  
Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.2(5)(l) & 16 CFR 453.2(a)  
Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)  
Comments: \_\_\_\_\_

2. NAME \_\_\_\_\_ *Date of Purchase* \_\_\_\_\_  
Address \_\_\_\_\_ *Phone #* \_\_\_\_\_  
Preneed Salesperson Registered? Y / N (#) \_\_\_\_\_ OAR 830-011-0070(1)(2) ORS 97.931(1)  
Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.2(5)(l) & 16 CFR 453.2(a)  
Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)  
Comments: \_\_\_\_\_

3. NAME \_\_\_\_\_ *Date of Purchase* \_\_\_\_\_  
Address \_\_\_\_\_ *Phone #* \_\_\_\_\_  
Preneed Salesperson Registered? Y / N (#) \_\_\_\_\_ OAR 830-011-0070(1)(2) ORS 97.931(1)  
Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.2(5)(l) & 16 CFR 453.2(a)  
Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)  
Comments: \_\_\_\_\_

4. NAME \_\_\_\_\_ *Date of Purchase* \_\_\_\_\_  
Address \_\_\_\_\_ *Phone #* \_\_\_\_\_  
Preneed Salesperson Registered? Y / N (#) \_\_\_\_\_ OAR 830-011-0070(1)(2) ORS 97.931(1)  
Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.2(5)(l) & 16 CFR 453.2(a)  
Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4)  
Comments: \_\_\_\_\_