

New Facility \_\_\_\_\_ Change of Owner \_\_\_\_\_ Change of Location \_\_\_\_\_ Random \_\_\_\_\_ Scheduled \_\_\_\_\_ Other \_\_\_\_\_

## **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 shall only: (a) Arrange for immediate burials and immediate cremations without public viewing, visitation or ceremony with the human remains present, except for a graveside service; and (b) If minimum preparation of a human remains is requested by the family, for purposes of having an "identification viewing", the immediate disposition company shall refer the family to a licensed funeral establishment to provide those services.

\* 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.

\_\_\_\_\_ **Establishment and Apprentice LICENSES POSTED conspicuously for public viewing:**

(Individual licenses do not have to be posted, just available upon request)

OAR 830-040-0000(12)

**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(8)

\_\_\_\_\_ Manager is listed on license: If not, how long has manager been at the facility: \_\_\_\_\_  
OAR 830-040-0000(5); ORS 692.148(1)

\_\_\_\_\_ Is the manager a licensed FSP? \_\_\_\_\_ OAR 830-030-0000(8); 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(9)

OAR 830-011-0000(34) "Principal" Principal means a person(s) who has controlling authority over the licensed facility, including but not limited to: (a) Managers or other persons who have decision-making authority and whose primary duties include control over the operation of the licensed facility; (b) Officers or directors who have some degree of responsibility for the operation of the licensed facility; (c) General Partners, limited and joint ventures; (d) Sole proprietors; (e) Stockholders holding a majority of outstanding shares of stock; and (f) Members of a Limited Liability Company.

\_\_\_\_\_ Have there been Changes in Principals? (Changes of: owner; stock percentages; persons with decision-making authority, etc.) If Yes, describe: \_\_\_\_\_  
OAR 692.148(1); OAR 830-011-0000(34)

\_\_\_\_\_ Does the IDC have Cemetery Records? Y / N \_\_\_\_\_

List area Cemeteries used \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_  
OAR 830-040-0010(3)

\_\_\_\_\_ Licensed Personnel: \_\_\_\_\_

**APPRENTICE LOGS:**

830-011-0020(2)(a), (A - F)

Embalmer: (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_ (D) \_\_\_\_\_ (E) \_\_\_\_\_ (F) \_\_\_\_\_  
Name of deceased Date of Death Date /Place embalming Facility Supervisor Confirm Hrs per Week

Min 1440 hours per year: Hours to Date \_\_\_\_\_ OAR 830-011-0020(2)(b)  
Assist with 35 embalmings. Number to date \_\_\_\_\_ OAR 830-011-0020(2)

830-011-0020(3) (a - b),(c) (A - G)

FSP: (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_ (D) \_\_\_\_\_ (E) \_\_\_\_\_ (F) \_\_\_\_\_ (G) \_\_\_\_\_  
Name of deceased/ Date of Death Date /Place Description Days/Hours Supervisor Facility in  
Authorizing Agent Made Arrangements of Participation Worked Confirm 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)

**LICENSEE NAME REGISTRATION & ADVERTISING:**

\_\_\_\_\_ Any licensed facility advertising through any media (including but not limited to telephone books, newspapers, direct mail, bill Boards, etc.) shall include the licensed facility's registered name and physical address as it appears on the Board's records. OAR 830-040-0050(1); OAR 830-040-0000(3)

\_\_\_\_\_ All ADVERTISING-RELATED PRINTED MATERIALS...shall include the REGISTERED NAME & PHYSICAL LOCATION of the facility. Y / N

\_\_\_\_\_ OAR 830-040-0050(1)

\_\_\_\_\_ Does the assumed business name correspond with our records and the Business Entity Registration Index (BERI)? Y / N Each licensed facility shall be registered with the State Mortuary and Cemetery Board by its true corporate, firm or individual name. In addition, one assumed business name, as registered with the Secretary of State Corporation Division, may be used by such licensed facility and shall be promptly reported to the Board. OAR 830-040-0030; ORS 648.007(1)

*[The Secretary of State Corporation Division's telephone number in Salem: 503-986-2200. Forms are also available on line through [www.oregon.gov](http://www.oregon.gov) in the agency section under "popular sites"]*

**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)

**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:**

\_\_\_\_\_ 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 Contracts (at need, pre-need, pre-construction) 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.

**CREMATION AUTHORIZATION:** OAR 830-040-0000(6)(G); ORS 97.130(1)

Written documentation of permission to cremate:

- \_\_\_\_\_ 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(7); 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(8)

- \_\_\_\_\_ 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**



1. NAME(6)(a) \_\_\_\_\_ ID Tag (6)(a) \_\_\_\_\_ DOD (6)(b) \_\_\_\_\_

Name of Purchaser (6)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (6)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(4); OAR 830-030-0090(1)(a)(b)(c) & (d)

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

**CREMATION AUTHORIZATION** (6)(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** (7): \_\_\_\_\_

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(7); 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** (8): 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(6)

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_

16 CFR 453.8; 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)

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

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

2. NAME(6)(a) \_\_\_\_\_ ID Tag (6)(a) \_\_\_\_\_ DOD (6)(b) \_\_\_\_\_

Name of Purchaser (6)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (6)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(4); OAR 830-030-0090(1)(a)(b)(c) & (d)

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

**CREMATION AUTHORIZATION (6)(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 (7): \_\_\_\_\_**

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(7); 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 (8): 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(6)

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_  
16 CFR 453.8; 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)

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

3. NAME(6)(a) \_\_\_\_\_ ID Tag (6)(a) \_\_\_\_\_ DOD (6)(b) \_\_\_\_\_

Name of Purchaser (6)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (6)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(4); OAR 830-030-0090(1)(a)(b)(c) & (d)

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

**CREMATION AUTHORIZATION (6)(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 (7):** \_\_\_\_\_

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(7); 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 (8):** 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(6)

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_  
16 CFR 453.8; 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)

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

4. NAME(6)(a) \_\_\_\_\_ ID Tag (6)(a) \_\_\_\_\_ DOD (6)(b) \_\_\_\_\_

Name of Purchaser (6)(c) \_\_\_\_\_

Name of Place wherein remains are interred or cremated (6)(d) \_\_\_\_\_

FSP signing Final Disposition Permit Y / N \_\_\_\_\_  
(Not apprentice or embalmer or other employee) ORS 432.307(2); OAR 830-030-0000(4); OAR 830-030-0090(1)(a)(b)(c) & (d)

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

**CREMATION AUTHORIZATION (6)(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 (7):** \_\_\_\_\_

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(7); 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 (8): 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(6)

SFGSS COSTS GENERALLY CONSISTENT WITH GPL: Y / N \_\_\_\_\_  
16 CFR 453.8; 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)

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 \_\_\_\_\_  
16 CFR 453.2(5)(I) & 16 CFR 453.2(a)

SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.8; 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 \_\_\_\_\_  
16 CFR 453.2(5)(I) & 16 CFR 453.2(a)

SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.8; 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 \_\_\_\_\_  
16 CFR 453.2(5)(I) & 16 CFR 453.2(a)

SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.8; 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 \_\_\_\_\_

16 CFR 453.2(5)(l) & 16 CFR 453.2(a)

SFGSS prices conform to GPL \_\_\_\_\_ 16 CFR 453.8; 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: \_\_\_\_\_

**COMMENTS / FOLLOW UP / QUESTIONS ASKED THAT NEED RESEARCH:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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