

APPLICATION FOR REFUND OF COSTS FOR INDIGENT BURIAL SERVICES

Mail this completed application with invoice or statement of expenditures to:

Oregon Public Health Division
800 NE Oregon Street, Suite 930
Portland, OR 97232

Please provide the following information:

1. Name of Deceased _____
Date of Death _____ Date of Cremation _____ Date to OHSU _____
2. A written explanation of the attempt made to contact a relative, friend or interested party to take responsibility for the expense of the disposition of the body.
3. Has a relative, friend or interested party claimed the body within the 5 day requirement?
Yes No
4. Has body been offered to OHSU Demonstrator of Anatomy as stated in ORS 97.170?
Yes No

I have read, understand, and complied with the Oregon Revised Statutes (ORS) and the Oregon Administrative Rules (OAR) issued for the lawful distribution of funds from the Indigent Burial Fund. I certify that all costs contained on the accompanying statement of expenditures for which reimbursement is claimed are for services provided as set forth in ORS 97.170 (1)(3)(5) and for disposition of an **unclaimed indigent body** as defined by ORS 97.170 (1)(5). I also certify that the statement of expenditures accurately itemizes funds paid to practioner from other sources, e.g, Veterans Affairs, Social Security, family, friends, decedent's estate, and/or any other entity, public or private. I hereby acknowledge that a fraudulent submission of this form will result in penalties set forth in ORS 692.180.

NOTE: Applications received after the 9th of each month will be processed in the following month, and incomplete certifications or certifications received without an itemized statement of expenditures as stipulated in ORS 97.170 (5) will be returned to claimant for completion before payment of reimbursement.

Signature of Licensed Embalmer or
Licensed Funeral Service Provider

License Number / License Expiration Date

Please Make Reimbursement Check Payable to:

Name of Director

Business Name

Street Address

City/State/Zip

Phone