

# Application

## Refund of Costs for Indigent Burial Services

Mail completed form, with invoice or statement of expenditures, to:

**Indigent Burial Coordinator**  
**Oregon Public Health Division**  
**800 NE Oregon St, Suite 930**  
**Portland, OR 97232**

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	
Received By (IBC): _____	
Cost Center: _____	
Amount: _____	
Signed: _____	

**CLAIMANT** (make reimbursement check payable to):

Name of Director:	Business Name:	
Street Address:	City/State/Zip:	Phone:
Tax ID:	License Number:	Expiration Date:

**CLAIM DETAILS:**

Name of Deceased:	Date of Death:	Date of Disposition:
Amount Requested (attach itemized invoice/statement): \$	Amount, if any, of other funds received for payment : \$	

Yes No

ORS 97.170(3) requires the medical examiner or health care facility having charge of an unclaimed body to promptly attempt to locate and notify any relatives or other interested persons.

As an additional precaution, ORS 97.170 (4)(a) requires that a licensed funeral service practitioner who takes custody of the unclaimed body of a deceased person shall promptly verify that the medical examiner or health care facility that transfers the body attempted to locate any relatives or other interested persons prior to the transfer.

Has this verification been made?

Name of person who gave verification: \_\_\_\_\_ Facility: \_\_\_\_\_

If the medical examiner or health care facility did **not** attempt to locate relatives and interested persons, please provide a written explanation of the attempt made by the claimant to contact relatives or interested persons to take responsibility for the expense of the disposition of the body. ORS 97.170 (4)(b)

Has a relative or interested person claimed the body within the five-day requirement? ORS 97.170(4)(b)

Did you contact all institutions on the most current list approved by the State Demonstrator of Anatomy (503-494-8302) to determine if the unclaimed body is desired for educational or research purposes?

ORS 97.170 (4)(c) Date of Contact: \_\_\_\_\_

Did all institutions contacted decline the remains?

Did you use the least costly and most environmentally sound manner of disposition available to you that is allowable under the law?

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 the services provided as set forth in ORS 97.170 (1) (3) (4) and (6) and for disposition of an unclaimed indigent body as defined by ORS 97.170 (1) and (6). I also certify that the statement of expenditures accurately itemizes funds paid to practitioner from other sources, e.g., Veterans Affairs, Social Security, family, friends, decedent's estate, 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. I also acknowledge that if reimbursement for the same expenses related to this claim is received after the claim is submitted, I will promptly reimburse the State up to the amount received via reimbursement.

Note: Completed applications received after the 9th of each month will be processed in the following month, and incomplete applications or applications received without an itemized statement of expenditures as stipulated in ORS 97.170 (6) will be returned to claimant for completion before payment of reimbursement.

\_\_\_\_\_  
Signature of Licensed Funeral Service Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*For questions or information, please contact the  
Public Health Division Indigent Burial Coordinator at (971) 673-1222.*