

Public Health Services



Disposition of Remains of Deceased

SECTION ONE: To be completed by agency requesting authorization for disposition.

Fax this form to **503-988-4588**, attn: Health Officer.

If you have questions about this form, please call 503-988-0055, ask for an Office Assistant or Administrator.

Request permission to dispose of the remains of the following deceased in accordance with ORS 97.130.

Name of Deceased: _____

Date of Death: _____

Place of Death: _____

Location of Remains: _____

Cremation - release cremated remains to: _____ Burial

Is there any relative or personal representative who could authorize disposition? Yes No

If yes, has there been any contact with the relative or personal representative? Yes No

Name/Relationship of relative or personal representative: _____

Comments: _____

To the best of my knowledge, this death was not connected to the commission of any crime requiring Medical Examiner involvement. I certify that a search for relatives or a personal representative has been conducted, including contacting State Lands and Oregon DMV, and no person has come forward to claim the remains.

Signature: _____

Name (Please Print or Type): _____

Title: _____

Business Name: _____

Telephone: _____ Fax: _____

SECTION TWO: To be completed by Multnomah County Health Officer

Request for disposition is approved.

County Health Officer

Signed By: _____ **Date:** _____