

# IMMEDIATE DISPOSITION CO. INSPECTION CHECKLIST

STATE OF OREGON MORTUARY AND CEMETERY BOARD  
PORTLAND STATE OFFICE BUILDING, SUITE 430  
800 NE OREGON STREET #19  
PORTLAND, OREGON 97232  
(503) 731-4040

ESTABLISHMENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

CITY/COUNTY: \_\_\_\_\_ LIC #: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ TIME: \_\_\_\_\_

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

AFFILIATIONS: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

\*SCOPE OF LICENSE: OAR 830-030-0008(2)(a) States that an Immediate Disposition Company shall only: Arrange for immediate burials and immediate cremations without public viewing, visitation or ceremony with the body present, except for a graveside service; and (b) If minimum preparation of a body 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.*

**IMMEDIATE DISPOSITION COMPANIES CANNOT HAVE OR SELL THE FOLLOWING ITEMS**

- \_\_\_\_\_ Preparation or holding room
- \_\_\_\_\_ Embalming
- \_\_\_\_\_ Embalming disclosure on GPL or SFGSS
- \_\_\_\_\_ Transfer of remains to funeral home
- \_\_\_\_\_ Receiving remains from a funeral home
- \_\_\_\_\_ Other preparation of the body, including dressing, casketing, etc.
- \_\_\_\_\_ Use of facility and staff for viewing
- \_\_\_\_\_ Use of facility and staff for funeral ceremony

**MANAGEMENT OF FACILITY**

\_\_\_\_\_ Have previous cited deficiencies been corrected? Y / N If no, why not?  
\_\_\_\_\_ OAR 830-050-0050(6)

\_\_\_\_\_ Does the IDC have an on site manager? Y / N OAR 830-030-0000(8)

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

\_\_\_\_\_ Is the manager a licensed FSP? Y / N \_\_\_\_\_ 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 \_\_\_\_\_ OAR 830-030-0000(9)

List all facilities managed: \_\_\_\_\_

\_\_\_\_\_ Establishment and Apprentice licenses posted conspicuously for public viewing:  
Y / N (Individual licenses do not have to be posted, just available upon request)  
OAR 830-040-0000(12)

\_\_\_\_\_ Have There Been Any Changes in Principals? Y / N OAR 830-040-0000(12)  
ORS 692.148(1)

If Yes: \_\_\_\_\_

OAR 830-011-0000(32) defines a principal as persons who have controlling authority over the licensed facility, including but not limited to: (a) Managers or other persons who have decision making authority; (b) Officers or directors who have some degree of responsibility for the operation of the licensed facility; (c) stockholders or corporations; (d) partners

\_\_\_\_\_ Does the IDC hold any cemetery records? Y / N \_\_\_\_\_

\_\_\_\_\_ Licensee cooperated with the inspection: Y / N \_\_\_\_\_ OAR 830-040-0010(2) & (5)

\_\_\_\_\_ Licensee provided false or misleading information to the inspector during the  
inspection Y / N \_\_\_\_\_ OAR 830-040-0010(3)

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

**BOARD ISSUES BY LICENSING STAFF OR COMPLIANCE WHICH NEED TO BE ADDRESSED:**

**OTHER**

\_\_\_\_ Is the establishment currently involved in disciplinary action? Y / N

If yes, Attorney \_\_\_\_\_ Action \_\_\_\_\_

\_\_\_\_ Has there been prior disciplinary action? Y / N

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

\_\_\_\_ **IDENTIFYING INFORMATION MUST INCLUDE THE FOLLOWING:**

\_\_\_\_ The name of the establishment Y / N 16 CFR 453.2 (b)(4)(i)(C)

\_\_\_\_ The address of the establishment Y / N 16 CFR 453.2 (b)(4)(i)(C)

\_\_\_\_ The telephone number of the establishment's place of business Y / N  
16 CFR 453.2 (b)(4)(i)(C)

\_\_\_\_ The Caption: General Price List Y / N  
16 CFR 453.2 (b)(4)(i)(C)

\_\_\_\_ The effective date of the price list Y / N  
16 CFR 453.2 (b)(4)(i)(C)

\_\_\_\_ Basic Services of Funeral Director and Staff, and overhead Y / N  
16 CFR 453.2(b)(4)(iii)(C)(1)

**DIRECT CREMATION 16 CFR 453.2(b)(4)(ii)(C)**

\_\_\_\_ Does GPL state a price range for the direct cremations offered by the provider? Y / N  
16 CFR 453.2(b)(4)(ii)(C)

**Together with the following:**

\_\_\_\_ - One price where the consumer provides the casket or container Y / N  
16 CFR 453.2(b)(4)(ii)(C)(1)

\_\_\_\_ - Separate prices for each direct cremation offered including an alternative container  
or casket Y / N  
16 CFR 453.2(b)(4)(ii)(C)(2)

\_\_\_\_ - A description of the services and container (where applicable) included in each  
price Y / N 16 CFR 453.2(b)(4)(ii)(C)(3)

**IMMEDIATE BURIAL 16 CFR 453.2(b)(4)(ii)(D)**

_____	Does GPL state a price range for the immediate burials offered by the provider? Y / N	16 CFR 453.2(b)(4)(ii)(D)
	<u>Together with the following:</u>	
_____	- One price where the consumer provides the casket	Y / N 16 CFR 453.2(b)(4)(ii)(D)(1)
_____	- Separate prices for each immediate burial offered including a casket	Y / N 16 CFR 453.2(b)(4)(ii)(D)(2)
	- A description of the services and container (where applicable) included in each price	Y / N 16 CFR 453.2(b)(4)(ii)(D)(3)
___	- Use of facility and staff for memorial service	Y / N 16 CFR 453.2(b)(4)(ii)(J)
_____	Use of equipment and staff for graveside service	Y / N 16 CFR 453.2(b)(4)(ii)(K)
_____	Hearse	Y / N 16 CFR 453.2(b)(4)(ii)(L)
_____	Limousine	Y / N 16 CFR 453.2(b)(4)(ii)(M)
_____	Casket Price List	Y / N 16 CFR 453.2(b)(4)(iii)(A)(2)
_____	-Or casket price range	Y / N 16 CFR 453.2(b)(4)(iii)(A)(1)
_____	Outer Burial Container Price List	Y / N 16 CFR 453.2(b)(4)(iii)(B)(2)
_____	-Or outer burial container price range	Y / N 16 CFR 453.2(b)(4)(iii)(B)(1)

**GENERAL PRICE LIST FTC MANDATORY DISCLOSURES. These must be verbatim on the GPL:**

1. **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.*

2. **Alternative Container Disclosure (Cremation):** 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).*

3. **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, and forwarding or receiving remains.)*

4. **Casket Price List Disclosure:** 16 CFR 453.2(b)(4)(iii)(A)(1) [This disclosure is to be placed with the casket price range on the general price list.]  
*A complete price list will be provided at the funeral home.*
5. **Outer Burial Container Price List Disclosure:** 16 CFR 453.2(b)(4)(iii)(B)(1) [This disclosure is to be placed with the outer burial container price range on the general price list.]  
*A complete price list will be provided at the funeral home.*
6. **Embalming Disclosure:** 16 CFR 453.3(a)(2)(ii)

**THE EMBALMING DISCLOSURE SHOULD NOT BE INCLUDED AS EMBALMING IS NOT WITHIN THE SCOPE OF AN IMMEDIATE DISPOSITION COMPANY LICENSE.**

**OTHER GPL**

- \_\_\_\_\_ Has the IDC kept a copy of the GPL for one year after the date of their last distribution to customers? Y / N 16 CFR 453.6
- \_\_\_\_\_ Does the IDC have an available supply of their GPL? Y / N 16 CFR 453.2(4)(i)(A)

**Where is the GPL supply kept?** \_\_\_\_\_  
(A consumer must be given a copy of the GPL to keep at the beginning of discussing funeral arrangements. A binder can be used, but only in conjunction with the GPL. FTC Business Guide)

- \_\_\_\_\_ Does IDC charge for \$7.00 death certificate filing fee? Y / N ORS 432.312(1)

\_\_\_\_\_ 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. Y / N

If yes, then SFGSS must have FTC disclosure: Y / N

*We charge you for our services in obtaining: (specify cash advance items)* 16 CFR 453.3(f)(2)

- \_\_\_\_\_ Is the IDC is marking up cash advances without notifying consumer? Y / N 16 CFR 435.3(f)(1)
- \_\_\_\_\_ Are the Alternative Container Prices on GPL or CPL [May be on both]? Y / N 16 CFR 453.2(a)

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED**

**Does the statement contain the following required verbatim disclosures?**

1. **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.*
2. **Cash Advance Items Disclosure:** 16 CFR 453.3(f)(2) – ( NOTE: Include this disclosure if the funeral establishment charges for cash advance items, or if a rebate, commission, or trade or volume discount is received and retained by the funeral establishment).

We charge you for our services in obtaining: (specify cash advance items).

3. **Embalmng Disclosure:** 16 CFR 453.5(b)

**THE EMBALMING DISCLOSURE SHOULD NOT BE INCLUDED AS EMBALMING IS NOT WITHIN THE SCOPE OF AN IMMEDIATE DISPOSITION COMPANY LICENSE.**

**OTHER**

- \_\_\_\_\_ Contracts contain the following contract language: "This Facility Is Licensed By The Oregon State Mortuary And Cemetery Board" OAR 830-040-0005
- \_\_\_\_\_ Receipt for cremains OAR 830-040-0000(8)
- The receipt shall state the name of the individual receiving the cremains, the name of the deceased, and the date of delivery. The individual receiving the cremains shall sign the receipt. The licensee or licensee's representative releasing the cremains shall also sign the receipt and a copy of that receipt shall remain a part of the permanent record.*
- \_\_\_\_\_ Statement regarding disposition of cremains OAR 830-040-0000(7)
- \_\_\_\_\_ Written cremation authorization OAR 830-040-0000(6)(g)
- \_\_\_\_\_ Did decedent make own arrangements, or designate an authorized agent prior to his/her death? ORS 97.130  
If so, were the arrangements carried out as requested? \_\_\_\_\_  
OAR 838-030-0090(1)(d)
- \_\_\_\_\_ Good Itemization on SFGSS (Including when packages are sold) 16 CFR 453.2(b)(5)  
16 CFR 453.5
- \_\_\_\_\_ Do the categories of goods and services on the GPL generally correspond to those on the SFGSS? \_\_\_\_\_ (In discussion in 16 CFR, p. 19)
- Does the SFGSS contain items not within the scope of an immediate disposition company license? Y / N  
OAR 830-030-0008(2)(a)

**OUTER BURIAL CONTAINER PRICE LIST**

- \_\_\_\_\_ Is the list clearly marked as "Outer Burial Container Price List"? 16 CFR 453.2(b)(3)
- \_\_\_\_\_ Is the list clearly marked with the funeral establishment's name? 16 CFR 453.2(b)(3)
- \_\_\_\_\_ Is the effective date for the list indicated? \_\_\_\_\_ 16 CFR 453.2(b)(3)
- \_\_\_\_\_ Does the list contain a price for each container (ex. Spec. Order) 16 CFR 453.2(b)(3)

**Does the list contain the following disclosure:**

- \_\_\_\_\_ 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. Y / N 16 CFR 453.3(c)(2)

**CASKET PRICE LIST**

- \_\_\_\_\_ Is the list clearly marked with "Casket Price List"? 16 CFR 453.2(b)(2)
- \_\_\_\_\_ Is the list clearly marked with the funeral establishment's name?  
\_\_\_\_\_ 16 CFR 453.2(b)(2)
- \_\_\_\_\_ Is the effective date for the list indicated? \_\_\_\_\_ 16 CFR 453.2(b)(2)
- \_\_\_\_\_ Does the list contain a price for each casket (ex. Spec. Order), including alternative containers? \_\_\_\_\_ 16 CFR 453.2(b)(2)

**LICENSEE NAME REGISTRATION & ADVERTISING**

\_\_\_\_\_ Each licensed facility shall be registered with the Board by its true corporate, firm or individual name. In addition, one assumed business names, as registered with the Corporation Commission may be used by such licensed facility and be promptly reported to the Board. Does the name correspond with our records and the Business Entity Registration Index (BERI)? Y / N

OAR 830-040-0030, ORS 648.007(1)

\_\_\_\_\_ Advertising through any media (including but not limited to: telephone books, newspapers, direct mail, bill boards, etc), include either the licensed facility's registered name, or its assumed business name and physical addresses.

OAR 830-040-0050(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"]

\_\_\_\_\_ All printed materials and letterhead shall include the physical location of the facility.  
\_\_\_\_\_ OAR 830-040-0050(1)

\_\_\_\_\_ Other business documents requested during inspection:

OAR 830-040-0010(4)

**PRENEED SALES**

\_\_\_\_\_ Is the IDC Selling Preneed Goods and Services? Y / N \_\_\_\_\_

\_\_\_\_\_ If yes, what is the funding mechanism: Trusts? Y / N Insurance? Y / N

\_\_\_\_\_ How are pre-needs filed?  
Separate from at need files? Y / N \_\_\_\_\_. With files containing at need Y / N

\_\_\_\_\_ Do All Preneed Salespersons hold a preneed certificate of registration from the Board? Y / N OAR 830-011-0070(1) & 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.  
OAR 830-011-0070(4) and ORS 97.931(1)]

\_\_\_\_\_ Preneed Salespersons (list): \_\_\_\_\_

\_\_\_\_\_ It is the responsibility of the salesperson to keep the Board's office advised in writing of any address changes within 30 days of the change. **OAR 830-011-0070(4)**

\_\_\_\_\_ **Are Preneed Salespersons engaging in at need arrangements? Y / N**  
"A preneed funeral service salesperson shall not engage in at need funeral arrangements or sales"  
**OAR 830-030-00004(3):**

\_\_\_\_\_ **Do preneed salespersons receive training? Y / N Describe training program**

\_\_\_\_\_ **Unlicensed Practicing Personnel:** \_\_\_\_\_  
\_\_\_\_\_ **OAR 830-030-0004**

\_\_\_\_\_ **The Preneed Program includes a period of not less than five days for a purchaser to cancel their preneed contract. Y / N**  
\_\_\_\_\_ **OAR 830-030-0100(18)**

\_\_\_\_\_ **Is a separate GPL used for Preneed Arrangements? Y / N If yes, does the GPL have all of the requirements & disclosures?** \_\_\_\_\_

\_\_\_\_\_ **Are preneed salespersons in compliance with the Funeral Rule?** [Providing a GPL prior to discussion of FUNERAL arrangements for consumers to retain; showing consumers casket and outer burial container price lists ] **16 CFR 453**

\_\_\_\_\_ **Location of Preneed records** \_\_\_\_\_

\_\_\_\_\_ **Is the IDC listed as a Certified Provider With the Department of Consumer and Business Services to Conduct Preneed Sales? [Prior to 1/02 registration was under the jurisdiction of the Secretary of State] Y / N**

\_\_\_\_\_ **If yes, Registration #** \_\_\_\_\_ **ORS 97.933**

\_\_\_\_\_ **If the IDC is a Certified Provider, Are Annual Reports Being Filed With DCBS? Y / N** \_\_\_\_\_ **ORS 97.933(3)(a)**

\_\_\_\_\_ **Is The Certified Provider Paying \$5.00 For Each Preneed Contract to DCBS for the Consumer Protection Trust Fund? Y / N** \_\_\_\_\_ **ORS 97.945(1)**

\_\_\_\_\_ **Preneed Contracts Are: Guaranteed? \_\_\_\_\_ or Non-Guaranteed? \_\_\_\_\_ Consecutively Numbered? \_\_\_\_\_ Triplicated in That One Copy is Retained by the Certified Provider, One is Given to the Purchaser and One is Sent to the Depository or Master Trustee? \_\_\_\_\_ Specifies the Specific Merchandise Included or Not Included in the Contract? \_\_\_\_\_** **ORS 97.939**

\_\_\_\_\_ **What Financial Institution or Master Trustee is Used as a Depository of Preneed Trust Funds?** \_\_\_\_\_ **ORS 97.941 (3)**

\_\_\_\_\_ **What Percent of Money is Trusted From the Sale of Guaranteed Contracts? [90% is required to be trusted in a guaranteed contract] \_\_\_\_\_** **ORS 97.941(1)(a)**

\_\_\_\_\_ **What Percent of Money is Trusted From the Sale of Non-anteed Contracts? [100% is required to be trusted in a non-guaranteed contract] \_\_\_\_\_** **ORS 97.941(1)(b)**

\_\_\_\_\_ **Is the Certified Provider Trusting the Money From Preneed Sales within 5 days?** \_\_\_\_\_ **ORS97.941(2)**

DCBS has direct jurisdiction of the "certified provider" [cemetery or funeral establishment] as indicated in the shaded areas.] 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 [Dale Laswell, Director] Forms and other information is available online through [www.oregon.gov](http://www.oregon.gov) under popular sites/state agencies

**PERMANENT RECORDS**

Mandatory: OAR 830-040-0000(6)(a)(b)(c)(d)(e)(f)(g)(7)(8)

\_\_\_\_\_ List Location \_\_\_\_\_ OAR 830-040-0000(13)

1. NAME(a) \_\_\_\_\_

ID Tag(a) \_\_\_\_\_ DOD(b) \_\_\_\_\_ DOB \_\_\_\_\_

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

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

FSP(e) \_\_\_\_\_

**CREMATION AUTHORIZATION:** Y / N Name of Authorized Agent \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_

**SIGNED STATEMENT RE: DELIVERY OF CREMAINS (7):** Y / N \_\_\_\_\_  
OAR 830-030-0090(1)(d)

**RECEIPT FOR CREMAINS (8):** Y / N

Name of person receiving (8) \_\_\_\_\_

Decedent (8) \_\_\_\_\_ Date Received/Delivered (8) \_\_\_\_\_

Signature of person receiving (8) \_\_\_\_\_ Signature of FH (8) \_\_\_\_\_

**IF CREMAINS ARE MAILED, IS THERE A RECEIPT?** Y / N \_\_\_\_\_

**SFGSS COSTS CONSISTENT WITH GPL:** Y / N \_\_\_\_\_  
16 CFR 453.8: 16 CFR 453.2(a)

**GOOD ITEMIZATION ON SFGSS:** Y / N \_\_\_\_\_  
16 CFR 453.2(5)(l) & 16 CFR 453.2(a)

2. NAME(a) \_\_\_\_\_

ID Tag(a) \_\_\_\_\_ DOD(b) \_\_\_\_\_ DOB \_\_\_\_\_

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

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

FSP(e) \_\_\_\_\_

**CREMATION AUTHORIZATION:** Y / N Name of Authorized Agent \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_

**SIGNED STATEMENT RE: DELIVERY OF CREMAINS (7):** Y / N \_\_\_\_\_  
OAR 830-030-0090(1)(d)

**RECEIPT FOR CREMAINS (8):** Y / N

Name of person receiving (8) \_\_\_\_\_

Decedent (8) \_\_\_\_\_ Date Received/Delivered (8) \_\_\_\_\_

Signature of person receiving (8) \_\_\_\_\_ Signature of FH (8) \_\_\_\_\_

**IF CREMAINS ARE MAILED, IS THERE A RECEIPT? Y / N** \_\_\_\_\_

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

16 CFR 453.8: 16 CFR 453.2(a)

**GOOD ITEMIZATION ON SFGSS: Y / N** \_\_\_\_\_

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

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3. NAME(a) \_\_\_\_\_

ID Tag(a) \_\_\_\_\_ DOD(b) \_\_\_\_\_ DOB \_\_\_\_\_

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

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

FSP(e) \_\_\_\_\_

**CREMATION AUTHORIZATION: Y / N Name of Authorized Agent** \_\_\_\_\_

**Relationship to decedent** \_\_\_\_\_

**SIGNED STATEMENT RE: DELIVERY OF CREMAINS (7): Y / N** \_\_\_\_\_

OAR 830-030-0090(1)(d)

**RECEIPT FOR CREMAINS (8): Y / N**

Name of person receiving (8) \_\_\_\_\_

Decedent (8) \_\_\_\_\_ Date Received/Delivered (8) \_\_\_\_\_

Signature of person receiving (8) \_\_\_\_\_ Signature of FH (8) \_\_\_\_\_

**IF CREMAINS ARE MAILED, IS THERE A RECEIPT? Y / N** \_\_\_\_\_

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

16 CFR 453.8: 16 CFR 453.2(a)

**GOOD ITEMIZATION ON SFGSS: Y / N** \_\_\_\_\_

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

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4. NAME(a) \_\_\_\_\_

ID Tag(a) \_\_\_\_\_ DOD(b) \_\_\_\_\_ DOB \_\_\_\_\_

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

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

FSP(e) \_\_\_\_\_

**CREMATION AUTHORIZATION: Y / N Name of Authorized Agent** \_\_\_\_\_

**Relationship to decedent** \_\_\_\_\_

**SIGNED STATEMENT RE: DELIVERY OF CREMAINS (7): Y / N** \_\_\_\_\_

**RECEIPT FOR CREMAINS (8):** Y / N

Name of person receiving (8) \_\_\_\_\_

Decedent (8) \_\_\_\_\_ Date Received/Delivered (8) \_\_\_\_\_

Signature of person receiving (8) \_\_\_\_\_ Signature of FH (8) \_\_\_\_\_

**IF CREMAINS ARE MAILED, IS THERE A RECEIPT?** Y / N \_\_\_\_\_

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

16 CFR 453.8: 16 CFR 453.2(a)

**GOOD ITEMIZATION ON SFGSS:** Y / N \_\_\_\_\_

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

**PERMANENT RECORDS FOR PRENEED ARRANGEMENTS**

OAR 830-040-0000(6)

1. NAME \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Preneed Salesperson Y / N Registered? Y / N (#) \_\_\_\_\_ OAR 830-011-0070(1); ORS 97.931(1)  
Type \_\_\_\_\_

Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
16 CFR 453.2(5)(l) & 16 CFR 453.2(a)

SFGSS conform with GPL \_\_\_\_\_  
16 CFR 453.8: 16 CFR 453.2(a)

Preneed program provides that a consumer has not less than five days to cancel preneed  
arrangements. Y / N \_\_\_\_\_  
OAR 830-030-0100(18)

Contract contains: "This Facility is Licensed by the Oregon (State) Mortuary and Cemetery  
Board" Y / N \_\_\_\_\_ OAR 830-040-0005

Cremation authorized: Y / N \_\_\_\_\_  
OAR 830-040-0000(6)(g)

Statement regarding delivery of cremated remains Y / N \_\_\_\_\_  
OAR 830-040-0000(7)

Embalming requested/authorized Y / N \_\_\_\_\_  
OAR 830-040-0000(6)(g)

Other/Comments \_\_\_\_\_

2. NAME \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Preneed Salesperson Y / N Registered? Y / N (#) \_\_\_\_\_ OAR 830-011-0070(1); ORS 97.931(1)  
Type \_\_\_\_\_

Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
16 CFR 453.2(5)(l) & 16 CFR 453.2(a)

SFGSS conform with GPL \_\_\_\_\_  
*16 CFR 453.8: 16 CFR 453.2(a)*  
Preneed program provides that a consumer has not less than five days to cancel preneed arrangements. Y / N \_\_\_\_\_  
*OAR 830-030-0100(18)*  
Contract contains: "This Facility is Licensed by the Oregon (State) Mortuary and Cemetery Board" Y / N \_\_\_\_\_ *OAR 830-040-0005*  
Cremation authorized: Y / N \_\_\_\_\_  
*OAR 830-040-0000(6)(g)*  
Statement regarding delivery of cremated remains Y / N \_\_\_\_\_  
*OAR 830-040-0000(7)*  
Embalming requested/authorized Y / N \_\_\_\_\_  
\_\_\_\_\_  
*OAR 830-040-0000(6)(g)*  
Other/Comments \_\_\_\_\_

3. NAME \_\_\_\_\_  
Date of Purchase \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Preneed Salesperson Y / N Registered? Y / N (#) \_\_\_\_\_ *OAR 830-011-0070(1); ORS 97.931(1)*  
Type \_\_\_\_\_  
Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
*16 CFR 453.2(5)(I) & 16 CFR 453.2(a)*  
SFGSS conform with GPL \_\_\_\_\_  
*16 CFR 453.8: 16 CFR 453.2(a)*  
Preneed program provides that a consumer has not less than five days to cancel preneed arrangements. Y / N \_\_\_\_\_  
*OAR 830-030-0100(18)*  
Contract contains: "This Facility is Licensed by the Oregon (State) Mortuary and Cemetery Board" Y / N \_\_\_\_\_ *OAR 830-040-0005*  
Cremation authorized: Y / N \_\_\_\_\_  
*OAR 830-040-0000(6)(g)*  
Statement regarding delivery of cremated remains Y / N \_\_\_\_\_  
*OAR 830-040-0000(7)*  
Embalming requested/authorized Y / N \_\_\_\_\_  
\_\_\_\_\_  
*OAR 830-040-0000(6)(g)*  
Other/Comments \_\_\_\_\_

4. NAME \_\_\_\_\_  
Date of Purchase \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Preneed Salesperson Y / N Registered? Y / N (#) \_\_\_\_\_ *OAR 830-011-0070(1); ORS 97.931(1)*  
Type \_\_\_\_\_  
Shows Itemization of Goods and Services Selected Y / N \_\_\_\_\_  
*16 CFR 453.2(5)(I) & 16 CFR 453.2(a)*  
SFGSS conform with GPL \_\_\_\_\_  
*16 CFR 453.8: 16 CFR 453.2(a)*

Preneed program provides that a consumer has not less than five days to cancel preneed arrangements. Y / N \_\_\_\_\_ *OAR 830-030-0100(18)*

Contract contains: "This Facility is Licensed by the Oregon (State) Mortuary and Cemetery Board" Y / N \_\_\_\_\_ *OAR 830-040-0005*

Cremation authorized: Y / N \_\_\_\_\_ *OAR 830-040-0000(6)(g)*

Statement regarding delivery of cremated remains Y / N \_\_\_\_\_ *OAR 830-040-0000(7)*

Embalming requested/authorized Y / N \_\_\_\_\_ *OAR 830-040-0000(6)(g)*

Other/Comments \_\_\_\_\_ *OAR 830-040-0000(6)(g)*