

Instructions Concerning Anatomical Gifts and Funeral, Burial, and Cremation

A. Document of Anatomical Gift

(Initial and complete Part 1, 2, or 3, but not more than one).

Part 1. [] (**Do not initial if you initialed Part 2 or Part 3**). I understand that an anatomical gift means a donation of all or part of my body to take effect upon or after my death. In the hope that I may help others, I make this anatomical gift, if medically acceptable for the purpose of transplantation or medical research, to take effect upon my death. The words and marks below indicate my desires. I give (INITIAL ONLY ONE):

- a. [] any needed organs or parts;
- b. [] only the following organs or parts: (specify) _____
- c. [] my entire body for study if needed (additional forms are needed for whole body donation).

(NOTE: If you initial part 1, you should complete an Oregon Donor Card available from Oregon Donor Program, www.ordonorprogram.org, 1-800-452-1369, and have your drivers' license notated to reflect your decision).

Part 2. [] (**Do not initial if you initialed Part 1 or Part 3**). I appoint _____ whose address is _____ and whose telephone number is (____) - _____ as the person to make an anatomical gift of all or any part of my body. In the event that person is unable to act, I appoint _____ whose address is _____ and whose telephone number is (____) - _____ as the alternate person to make an anatomical gift of all or any part of my body. I make this appointment pursuant to ORS 97.954(13).

Part 3. [] (**Do not initial if you initialed Part 1 or Part 2**). I do not want to donate any part of my body upon or after my death.

B. Funeral and Burial or Cremation Arrangements

(Complete Part 1 or Part 2 – but not both)

Part 1. [] (**Do not initial if you initialed Part 2**). I have prepared or prearranged the manner of disposition of my remains at my death with the following funeral services practitioner:

Name: _____

Address: _____

Telephone: (____) - _____

Part 2. [] (**Do not initial if you initialed Part 1**). I have not prepared or prearranged the manner of disposition of my remains at my death. I give the following instructions concerning my funeral burial and cremation. I intend that these instructions shall guide the person I have appointed to make such decisions, or if no person I appoint is able to act, to the person who is authorized by law to make those decisions for me.

Funeral _____

Burial or Cremation _____

Other Instructions _____

C. Appointment of Person to Make Decisions Concerning Disposition of Remains.

I appoint _____ whose address is _____ and whose telephone number is (____) - _____ as the person to make all decisions regarding the disposition of my remains upon my death for burial or cremation. In the event that person is unable to act, I appoint _____ whose address is _____ and whose telephone number is (____) - _____ as the alternate person to make all decisions regarding the disposition of my remains upon my death for my burial or cremation.

It is my intent that this Appointment of Person to Make Decisions Concerning Disposition of Remains act as and be accepted as the written authorization presently required by ORS 97.130 (or its corresponding future provision) or any other provision of Oregon law, authorizing me to name a person to have authority to dispose of my remains. If I have completed Section B, Part 2. above, my representative is to honor my expressed wishes.

D. Instructions for Payment

(Initial one only)

[____] I intend my personal representative shall pay the costs of disposition of my remains as a charge against my estate.

[____] I have made the following arrangements for payment of the cost of disposition of my remains at my death: _____

Dated: _____, 200__.

Signature

Print Name

Declaration of Witnesses

We declare that _____ is personally known to us, that he/she signed this appointment of person to make decisions concerning disposition of remains in our presence, that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence, and that neither of us is the person so appointed by this document.

Witnessed by:

Date: _____

Witnessed by:

Date: _____