

Request for Cremated Remains

Section 1: Deceased individual		
Last name:	First:	MI:
Date of birth (<i>if known</i>):	Date of death:	
Section 2: Requestor information		
Last name:	First:	MI:
Address:		
City:	State:	ZIP:
Phone:	Email:	
Relationship to decedent (<i>choose one</i>):		
<input type="checkbox"/> Grandson	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Great-grandson
<input type="checkbox"/> Great-nephew	<input type="checkbox"/> Great-niece	<input type="checkbox"/> Other:
Section 3: Method for cremains to be provided		
Please select the method you want the cremains provided (<i>choose one</i>):		
<input type="checkbox"/> Ship to – same address above.		
<input type="checkbox"/> Ship to – other address below:		
Name or Mortuary: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Contact phone: _____	Contact email: _____	
All efforts will be made to securely package the cremains; however, Oregon State Hospital is not responsible for damage that may occur in shipping.		
I certify that the above information is accurate.		
Printed name: _____		
Signature: _____		Date: _____

Please mail completed form to: Oregon State Hospital
 ATTN: Health Information
 2600 Center ST NE
 Salem, OR 97301-2682

You can get this document in other languages, large print, braille or a format you prefer.
 Contact Oregon State Hospital at 503-945-2976. We accept all relay calls or you can dial 711.