

SECTION ONE: To be completed by agency submitting the Death Certificate

SUBJECT: Disposition of Human Remains

Request permission to dispose of the remains of the following deceased in accordance with ORS 97.130 and ORS 97.170.

Name of Deceased _____

Date of Death _____

Place of Death _____

Location of Remains _____

To the best of my knowledge, this death was not connected to the commission on any crime, thus it does not appear to qualify under any statutes requiring medical examiner involvement. I certify that a search for relatives or friends has been conducted and no person has come forward to claim the remains.

Signature

Name (Please print or type)

Title

Business Name

Telephone & Fax Number

SECTION TWO: To be completed by Clackamas County Health Officer

SUBJECT: Request for disposition is Approved

Clackamas County Health Officer

Signed by _____ Date _____