

**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 my burial or cremation. In the event  
\_\_\_\_\_ is unable to act, I appoint \_\_\_\_\_,  
whose address is \_\_\_\_\_ and whose telephone  
number is (\_\_\_\_\_)\_\_\_\_\_, as my 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 provisions) or any other provision of Oregon Law, authorizing me to  
name a person to have authority to dispose of my remains.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

**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: \_\_\_\_\_