

Biennium Inspection Change of Ownership Change of Location Other _____



CEMETERY AUTHORITY (CE) INSPECTION CHECKLIST

**OREGON MORTUARY & CEMETERY BOARD (OMCB)
800 NE OREGON STREET, SUITE 430 PORTLAND, OREGON 97232 (971) 673-1500**

Cemetery Name: _____ **License #:** _____

Physical Address: _____ **Phone #:** _____

Mailing Address: _____

Location of Permanent Records: _____ OAR 830-040-0000(14)

Cemetery Manager: _____ **License # (If applicable):** _____
OAR 830-030-0000(12)

I. PRE-INSPECTION

Inspector Name: _____

Date last inspection was completed: _____

1. **Y / N Cemetery's true corporate, firm or individual name and assumed business name is active with the Secretary of State Corporation Division.** OAR 830-040-0030

If not, reason why: _____

2. **Y / N Cemetery sells prearrangement and/or preconstruction trust contracts and is registered with DCBS as a Certified Provider.** ORS 97.933(1)

Certified Provider Number: _____

3. **Y / N There have been changes in principals and OMCB has been properly notified and has issued a new license.** ORS 692.148(1); OAR 830-011-0000(41); OAR 830-020-0040(1)(c)

If not, reason why: _____

4. **Y / N Cemetery is advertising online and includes its registered name and physical address.**
OAR 830-040-0050(1)

II. ON-SITE FACILITY INSPECTION

Date: _____ **Time:** _____

1. **Y / N Facility license is posted conspicuously for public viewing.** OAR 830-040-0000(13)

CEMETERY CONDITION:

2. **Y / N** Cemetery is maintained in a sanitary condition. OAR 830-040-0010(1)

If not, provide specifics: _____

3. **Y / N** Are there any human remains on premises for which final disposition did not occurred within 24 hours?

If yes, provide exigent circumstances: _____
OAR 830-040-0000(11)

Date Board was notified: _____ Date FSP was notified: _____

LICENSING ISSUES:

4. **Y / N** Are there any outstanding licensing issues?

If so, provide specifics: _____

CEMETERY MAP:

5. **Y / N** Descriptive map is available for graves, niches & crypts. ORS 97.310(1)(a)&(b)

6. **Y / N** Plot ownership is recorded and can be identified using the available descriptive map. ORS 97.720

ENDOWMENT CARE CEMETERY:

7. **Y / N** Is the cemetery operating as an endowment care cemetery?

PRENEED-RELATED:

8. **Y / N** Are all cemetery preneed salespersons registered with OMCB?
ORS 97.931; OAR 830-011-0070(1)&(2); OAR 830-030-0004(2)

List of Salespersons: _____

9. Number of preneed trust contracts sold within the calendar year: _____

How many were revocable? _____ How many were irrevocable? _____

III. DOCUMENT INSPECTION

CONTRACTS/CERTIFICATES OF OWNERSHIP/DEEDS:

1. Is the following statement included on the head of all contracts and certificates of ownership or deeds referring to plots in at least 10-point black type? ORS 97.810(10)

Y / N "This cemetery is an endowment care cemetery".

2. Is the following statement included on all contracts and certificates of ownership or deeds referring to plots?
ORS 97.810(11)

Y / N "Endowment care means the general care and maintenance of all developed portions of the cemetery and memorials erected thereon."

3. Is the following statement included at the bottom of each contract (at need & prearrangement/preconstruction) in at least 10-point black type? OAR 830-040-0005(1)
 Y / N "This facility is licensed and regulated by the Oregon Mortuary and Cemetery Board" (971) 673-1500
4. Y / N Do all contracts (at need & prearrangement/preconstruction) have the registered business name and physical location of the facility? OAR 830-040-0005(2)
5. Y / N Do prearrangement/preconstruction contracts include a reasonable period of not less than five business days to cancel? OAR 830-030-0100(7)

CEMETERY RULES:

6. Y / N Are the cemetery's rules and regulations plainly printed or typewritten and maintained in the office?
 ORS 97.710(3)
7. Y / N Do the cemetery's rules and regulations contain any violations?
 If so, provide specifics: _____

PERMANENT RECORDS REVIEW

***Cemetery Permanent Records Must Include the Following:**

ORS 97.720(1) The person in charge of any premises on which interments or cremations are made shall keep a record of all remains interred or cremated on the premises under the person's charge, in each case stating the name of each deceased person, the date of interment or cremation, and the name and address of the funeral service practitioner. The interment records shall be open to inspection by survivors of the decedent during the customary office hours of the cemetery authority. (2) A record shall be kept of the ownership of all plots in the cemetery which have been conveyed by the cemetery authority and of all transfers of plots in the cemetery.

OAR 830-040-0000(7) All licensees and licensed facilities must keep a detailed, accurate, and permanent record of all transactions that are performed for the care, preparation and final disposition of human remains. The record must set forth as a minimum:

- (a) Name of decedent and, when applicable, the identifying metal disc number provided by the State Registrar's office;
- (b) Date of death;
- (c) Name of person arranging for delivery of goods and services and the person authorizing the final disposition;
- (d) Name of place of disposition. In cemetery records, the "name of place" means exact location of the interment of human remains by crypt, niche, or by grave, lot and plot;
- (e) The name of the funeral service practitioner, cemetery, crematory or alternative disposition facility personnel responsible for making and executing the arrangements pertaining to the delivery of goods and services;
- (f) The name of the embalmer and funeral establishment responsible for embalming (applies only to funeral establishment records); and
- (g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

CEMETERY PERMANENT RECORDS:

1. Y / N Cemetery's permanent records were available for inspection. OAR 830-040-0000(14)
2. Y / N Cemetery's interment records are open to inspection by survivors of the decedent during the customary office hours. ORS 97.720(1)

INTERMENT/ENTOMBMENT RECORDS:

1. **Decedent Name:** _____ **State ID Tag #:** _____
 ORS 97.720(1); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)
- Date of Death:** _____ **Date Interred:** _____
 OAR 830-040-0000(7)(b) ORS 97.720(1)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition/location of remains: _____
OAR 830-040-0000(7)(d)

Name of cemetery personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

Name and address of funeral service practitioner (if applicable): ORS 97.720(1)

***Interment Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum; printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

Are the following included on the Interment Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

2. **Decedent Name:** _____ **State ID Tag #:** _____
ORS 97.720(1); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____ **Date Interred:** _____
OAR 830-040-0000(7)(b) ORS 97.720(1)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition/location of remains: _____
OAR 830-040-0000(7)(d)

Name of cemetery personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

Name and address of funeral service practitioner (if applicable): ORS 97.720(1)

***Interment Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

Are the following included on the Interment Authorization?

1. Y / N Printed name of the authorizing agent
2. Y / N Signature of the authorizing agent
3. Y / N Phone number of the authorizing agent
4. Y / N Relationship to the deceased
5. Y / N Date and time permission was obtained
6. Y / N Printed name of the licensee or facility representative acquiring the authorization
7. Y / N Signature of the licensee or facility representative acquiring the authorization

If not, provide specifics: _____

INURNMENT:

1. **Decedent Name:** _____ **State ID Tag #:** _____
ORS 97.720(1); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____ **Date Interred:** _____
OAR 830-040-0000(7)(b) ORS 97.720(1)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition/location of remains: _____
OAR 830-040-0000(7)(d)

Name of cemetery personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

Name and address of funeral service practitioner (if applicable): ORS 97.720(1)

***Cremation Authorizations Must Include the Following:** OAR 830-040-0000(7)(g); ORS 97.150(1)(a)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.

Are the following included on the Cremation Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Interment Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

Are the following included on the Interment Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**

If not, provide specifics: _____

2. **Decedent Name:** _____ **State ID Tag #:** _____
ORS 97.720(1); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____ **Date Interred:** _____
OAR 830-040-0000(7)(b) ORS 97.720(1)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition/location of remains: _____
OAR 830-040-0000(7)(d)

Name of cemetery personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

Name and address of funeral service practitioner (if applicable): ORS 97.720(1)

***Cremation Authorizations Must Include the Following:** OAR 830-040-0000(7)(g); ORS 97.150(1)(a)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.

Are the following included on the Cremation Authorization?

1. Y / N **Printed name of the authorizing agent**
2. Y / N **Signature of the authorizing agent**
3. Y / N **Phone number of the authorizing agent**
4. Y / N **Relationship to the deceased**
5. Y / N **Date and time permission was obtained**
6. Y / N **Printed name of the licensee or facility representative acquiring the authorization**
7. Y / N **Signature of the licensee or facility representative acquiring the authorization**
8. Y / N **Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Interment Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

Are the following included on the Interment Authorization?

1. Y / N Printed name of the authorizing agent
2. Y / N Signature of the authorizing agent
3. Y / N Phone number of the authorizing agent
4. Y / N Relationship to the deceased
5. Y / N Date and time permission was obtained
6. Y / N Printed name of the licensee or facility representative acquiring the authorization
7. Y / N Signature of the licensee or facility representative acquiring the authorization

If not, provide specifics: _____

SCATTERING: (If applicable)

1. **Decedent Name:** _____ **State ID Tag #:** _____
ORS 97.720(1); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Y / N Is the identifying metal disc a part of the permanent record? OAR 830-030-0000(10)

Date of Death: _____ **Date Scattered:** _____
OAR 830-040-0000(7)(b) ORS 97.720(1)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Final location of cremated remains: _____
OAR 830-030-0000(10)

Name of cemetery personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

Name and address of funeral service practitioner (if applicable): ORS 97.720(1)

***Cremation Authorizations Must Include the Following:** OAR 830-040-0000(7)(g); ORS 97.150(1)(a)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.

Are the following included on the Cremation Authorization?

1. Y / N Printed name of the authorizing agent
2. Y / N Signature of the authorizing agent
3. Y / N Phone number of the authorizing agent
4. Y / N Relationship to the deceased
5. Y / N Date and time permission was obtained
6. Y / N Printed name of the licensee or facility representative acquiring the authorization
7. Y / N Signature of the licensee or facility representative acquiring the authorization
8. Y / N Instruction regarding final disposition of cremated remains

If not, provide specifics: _____

***Scattering Authorizations Must Include the Following:** OAR 830-040-0000(7)(g)

(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization must include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

Are the following included on the Scattering Authorization?

1. Y / N Printed name of the authorizing agent
2. Y / N Signature of the authorizing agent
3. Y / N Phone number of the authorizing agent
4. Y / N Relationship to the deceased
5. Y / N Date and time permission was obtained
6. Y / N Printed name of the licensee or facility representative acquiring the authorization
7. Y / N Signature of the licensee or facility representative acquiring the authorization
8. Y / N Instruction regarding final disposition of cremated remains

If not, provide specifics: _____

OWNERSHIP through CONVEYANCE: ORS 97.720(2); OAR 830-040-0000(7)

1. Owner(s) Name(s): _____

Plot Number(s): _____

Name of cemetery personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

Record of Ownership Transfer:

Deed		Contract		Receipt	
Right of Interment		Other			

2. Owner(s) Name(s): _____

Plot Number(s): _____

Name of cemetery personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

Record of Ownership Transfer:

Deed		Contract		Receipt	
Right of Interment		Other			

PRENEED/PRECONSTRUCTION: ORS 97.931; OAR 830-011-0070(1)&(2)

1. Owner(s) Name(s): _____

Purchase Date: _____

Preneed Salesperson: _____ Registration #: _____

2. Owner(s) Name(s): _____

Purchase Date: _____

Preneed Salesperson: _____ Registration #: _____

3. Owner(s) Name(s): _____

Purchase Date: _____

Preneed Salesperson: _____ Registration #: _____