

Ashes to Earth
 Aerial Scattering Service
 19531 Campus Drive, Suite #4
 Santa Ana, CA 92707
 (949) 769-8909
www.ashestoeearth.net

Authorization to Scatter Cremated Remains

Full Name of Deceased		Check Box if U.S. Military Veteran <input type="checkbox"/>
Date of Birth	Date of Death	County and State of Death (country if not U.S.)
Requested aerial scattering location:		
<p>I authorize and request that Ashes to Earth Aerial Scattering Service take possession of and disperse the cremated remains of the above-named Person by scattering them from an aircraft over the location selected above.</p> <p>I understand that once the remains are scattered they are unrecoverable and I agree that Ashes to Earth Aerial Scattering Service has completed its part of this agreement.</p> <p>I agree to hold harmless and indemnify Ashes to Earth Aerial Scattering Service, its owners, employees, and agents from any an all loss, damage, liability, or causes of action, including attorney fees, in connection with the disposition or the identification of the cremated remains of the above-named Deceased.</p> <p>I agree that Ashes to Earth Aerial Scattering Service is not responsible for any loss or damage occurring during transport by the United States Postal Service or any other carrier chosen by the undersigned.</p> <p>I agree that the obligation of Ashes to Earth Aerial Scattering Service shall be limited to the disposition of the cremated remains as directed herein.</p> <p>I understand that any container(s) used to ship the remains will be disposed of by Ashes to Earth Aerial Scattering Service.</p> <p>I certify that I have the full legal right to authorize the disposition of the remains of the above-named Deceased.</p>		
Authorizing signature		Date
Print your name	Contact telephone number	Relationship to the Deceased
Name of Person to receive Confirmation Certificate		Mailing Address for Confirmation Certificate
Print the name of the Deceased as you wish it to appear on the Confirmation Certificate:		