

# *Mortuary Aid Co.*

1050 Lakes Drive #252  
West Covina, CA 91790

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## **Authorization for the Scattering of Cremated Remains at Sea**

I hereby authorize Mortuary Aid Co. to take possession of and make arrangements for the disposition of the cremated remains of:

\_\_\_\_\_   
Decedent

in accordance with and subject to the terms and conditions set forth in this Authorization, the Company's Rules and Regulations, and any applicable federal, state, provincial or local laws and regulations.

- I certify that I have the full legal right and authority to authorize the disposition of the remains of the decedent.
- I hereby authorize Mortuary Aid Co. to make the disposition of cremated remains of the decedent at sea in the Pacific Ocean.
- I hereby direct Mortuary Aid Co. to scatter said cremated remains at sea, in accordance with State and Federal Law.

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

If no specific instructions are provided herein, scattering will be performed by Mortuary Aid Co. in a timely manner, weather permitting. "Scattering" consists of the scattering of cremated remains at sea. I understand that once the cremated remains of the decedent are scattered they are unrecoverable.

The obligation of Mortuary Aid Co. shall be limited to the disposition of the cremated remains as directed herein. I agree to release and hold harmless Mortuary Aid Co., its affiliates and their agents, employees, successors and assigns from any and all loss, damage, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the disposition of the cremated remains of the decedent as authorized herein or respect to the identification of said cremated remains as being those of the decedent.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_