

Spread Ashes At Sea
Florida's Choice for Spreading Ashes At Sea
Authorization

Deceased Name _____
Name of Person Authorized to Dispose of Ashes _____
Relationship to Deceased _____
Signature of Person Authorized to Dispose of Ashes _____
Street Address: _____
City, State, Zip Code: _____
Email address: _____
Date of Authorization _____

I/ We authorize Spread Ashes At Sea to take possession of and to disseminate the cremated remains of _____, known as the deceased in accordance with terms and conditions set forth in this agreement form and in compliance with all regulatory guidelines and rules of the company.

I/We agree that all costs associated with the ash scattering at sea must be paid in full before the ash scattering will be performed.

I/ We understand that the cremated remains of the Deceased will be scattered on the Atlantic Ocean and once the scattering is completed, the ashes are not recoverable.

I/We agree to hold harmless Spread Ashes At Sea, its owners and its employees from any legal action, court costs, attorney fees, or other expenses in connection with the identity of the cremated remains as being those of the Deceased.

I/We agree to permit Spread Ashes At Sea to make an appropriate judgment on the exact time and date of the scattering based upon weather conditions that may interfere with scattering on a date specified or preferred by myself or other family members.

I/We certify that I/We have the full legal right to authorize the disposition of the remains of the Deceased.

____ The cremated remains of the Deceased are being shipped to Spread Ashes At Sea via United States Postal service, registered mail, return receipt requested.

____ The cremated remains of the Deceased are being brought directly to Spread Ashes At Sea.

____ Spread Ashes At Sea are picking up the Deceased Ashes locally.