



P A C I F I C O C E A N
C H A R T E R S

Authorization for the Scattering of Cremated Remains at Sea

I hereby authorize Pacific Ocean Charters to take possession of and make arrangements for, the disposition of the cremated remains of

_____ ("Deceased") 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 Deceased. I hereby authorize Pacific Ocean Charters to make disposition of cremated remains of the Deceased at sea in the Pacific Ocean. I hereby direct Pacific Ocean Charters 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 Pacific Ocean Charters, in a timely manner, weather permitting. For unattended services, scatterings take place within 15 business days.

"Scattering" consists of the scattering of cremated remains at sea. I understand that once the cremated remains of the Deceased are scattered, they are unrecoverable. Unless otherwise specifically provided for herein, once scattering of cremated remains of the Deceased has been performed, Pacific Ocean Charters will dispose of the container which contained said cremated remains.

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

Date of authorization _____ Phone #(_____) _____

Signature _____

Print Name _____

Relationship to Deceased _____

Address _____

City _____ State _____ Zip Code _____

