

Authorization to Dispose of Cremated Remains

Full Name of Deceased (please print) _____

Name of Person Authorizing Dispersal _____

Relationship to the Deceased _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

E-mail _____

Preferred Disposition (circle one):

High Altitude

Deep Water

Gulf Stream

Calm Water

I certify that I have the legal right to authorize the dispersal of the cremated remains of the decedant named herein. I hereby authorize Grace Air to disperse the ashes as directed above. I understand that Grace Air's sole obligation is to scatter the ashes as directed, subject to federal, state, and local laws, and I agree to hold Grace Air harmless from any liability or cause of action in connection with the disposition of these remains. I understand that Grace Air is not responsible for any loss or damage incurred during shipping of the cremated remains.

Signature _____ Date _____