



Atlantis Memorials

Authorization for the Scattering of Cremated Remains at Sea

I hereby authorize ATLANTIS MEMORIALS 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 ATLANTIS MEMORIALS to make disposition of cremated remains of the Deceased at sea.

I hereby direct ATLANTIS MEMORIALS 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 ATLANTIS MEMORIALS, 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 Deceased are scattered, they are unrecoverable. Unless otherwise specifically provided for herein, once scattering of cremated remains of the Deceased has been performed, ATLANTIS MEMORIALS will dispose of the container which contained said cremated remains.

The obligation of ATLANTIS MEMORIALS shall be limited to the disposition of the cremated remains as directed herein. I agree to release and hold harmless ATLANTIS MEMORIALS, 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 _____

Signature

Print Name

Relationship to Deceased

Address

City, State Zip Code

Telephone Number