

AUTHORIZATION FOR CREMATION DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING THE FINAL DISPOSITION OF CREMATED REMAINS. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

NAME OF DECEASED

INDIVIDUAL: _____

SEX OF DECEASED

INDIVIDUAL: _____

DATE OF DEATH: _____

SOCIAL SECURITY # (SSN): _____ - _____ - _____

I authorize Aquatic Burials to memorialize the cremains, of the deceased named above, in accordance with Aquatic Burials rules and regulations, and the State laws and regulations. I certify that I have the legal right to authorize and control the disposition of the cremains.

SIGNATURE OF AUTHORIZED FAMILY

REPRESENTATIVE: _____

I authorize Aquatic Burials to accept control of the cremated remains, until such time as the cremains are memorialized according to Aquatic Burials policies. I understand that the remains will be transferred from the container I/we provide to a specialized container created by Aquatic Burials.

SIGNATURE OF AUTHORIZED FAMILY

REPRESENTATIVE: _____

I understand the obligation of Aquatic Burials shall be limited to the final disposition of the cremated remains as directed herein. I agree to release and hold Aquatic Burials, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability, or causes of action (including attorneys' fees and costs of litigation) in connection with the disposition of the cremated remains as authorized herein, or the failure to properly identify the deceased. Aquatic Burials makes no warranties, expressed or implied, and damages shall be limited to the refund of the fee paid for the service.

SIGNATURE OF AUTHORIZED FAMILY

REPRESENTATIVE: _____

SIGNATURE OF AUTHORIZED FAMILY

REPRESENTATIVE: _____

NAME

(PRINTED): _____

ADDRESS: _____

—

CITY: _____ **STATE:** _____

ZIP: _____

SIGNATURE OF

WITNESS: _____

NAME OF WITNESS

(PRINTED): _____