**Circle of Remembrance - Ashes Scattering Service**

**Authorization for the Scattering of Cremated Remains at Sea**

I authorize Riptide Sportfishing to take possession of  the cremated remains of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Deceased")  (Full name of Deceased)

I certify that I have the full legal right and authority to authorize the disposition of the remains of the Deceased and authorize Riptide Sportfishing to dispose of these cremated remains. I understand that the cremated remains of the Deceased will be scattered on the Pacific Ocean and I understand that once the scattering is completed, the ashes are not recoverable.

I agree to hold harmless Riptide Sportfishing, its owners and its employees from any legal action, court costs, attorneys fees, or other expenses in connection with the identity of the cremated remains as being those of the Deceased.

I agree to permit Riptide Charters to make an appropriate judgment on the exact time and date of the scattering based upon Riptide Charters expertise with regard to weather conditions that may interfere with scattering on a date specified or preferred by myself or other family members.

Date Authorized:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Date of Scattering:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Authorized to Dispose of Ashes:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                                                                                 (Print)
Relationship to Deceased:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Authorized to Dispose of Ashes:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            City, State, Zip Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Telephone Number(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Email address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Check the one that applies:***

q       The cremated remains of the Deceased are being shipped to Riptide Sportfishing via United States Postal Service, registered mail, return receipt requested. This is in accordance with USPS regulations 462.2 and 463b.

q       The cremated remains of the Deceased are being brought directly to Riptide Sportfishing on the agreed upon date of scattering by me or my designee. If designee, please note here that person’s full name:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.