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 Deceased and authorize Riptide Sportfishing to dispose of these cremated remains the cremated remains of the Deceased will be scattered on the Pacific Ocean and the scattering is completed, the ashes are not recoverable.	s. I understand that
I agree to hold harmless Riptide Sportfishing, its owners and its employees from a costs, attorneys fees, or other expenses in connection with the identity of the crembeing those of the Deceased.	-
I agree to permit Riptide Charters to make an appropriate judgment on the exact t scattering based upon Riptide Charters expertise with regard to weather condition with scattering on a date specified or preferred by myself or other family members	s that may interfere
Date Authorized:, Date of Scattering:	
Name of Person Authorized to Dispose of Ashes:(Print)	
Relationship to Deceased:	<u>-</u>
Signature of Person Authorized to Dispose of Ashes:	
Street Address:	
City, State, Zip Code:	<u>-</u>
Telephone Number(s):	
Email address:	
Check the one that applies:	
q The cremated remains of the Deceased are being shipped to Riptide Sportfish Postal Service, registered mail, return receipt requested. This is in accordance with 462.2 and 463b.	
q The cremated remains of the Deceased are being brought directly to Riptide sagreed upon date of scattering by me or my designee. If designee, please note her name:	•