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AUTHORIZATION AND RELEASE TO SCATTER CREMATED REMAINS AT SEA

I / We authorize and request Brooks Cremations, Inc. dba/Brooks Cremation and Funeral Service to take possession of the cremated remains of:

(Name of Deceased)

to be scattered at sea 3 miles offshore of the coast of Fort Lauderdale/Miami, Florida.

Additionally we agree to the following:

1. Once the cremated remains are released into the ocean they are forever unrecoverable.
2. I / We agree to hold Brooks Cremations, Inc., their employees, agents or assigns harmless against any claims or damages (including attorney fee's and the cost/expenses of litigation which may result from actions authorized by this form.)
3. I / We do certify, warrant and represent that I / We have the full legal right and authority and know of no living person who has a superior priority right under state law to authorize the disposition of said remains. A copy of photo identification is attached.
4. I/We further understand, that the scattering of cremated remains will be conducted in optimal weather conditions. Should we feel the weather at the scheduled time of scattering is not optimal, the scattering will be rescheduled at no additional cost.
5. I/We understand, that if we have selected the cremains to be "Scattered at Our Convenience" it means that there is no set date for the scattering, but written notification will be mailed to the address on file when the scattering is completed.

Signature

Date:

PrintedName _____ Relationship _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Witness Signature

Printed Name