## South Shore Sea Burials AUTHORIZATION FOR SCATTERING CREMATED REMAINS AT SEA

I, \_\_\_\_\_, the undersigned, as the authorizing agent for the

cremation and disposition of the remains of \_\_\_\_\_

(hereafter referred to as the "Deceased") do hereby request and authorize South Shore Sea Burials (the Company) to receive and to take possession of, and to scatter at sea the Cremated Remains of the Deceased, in accordance with and subject to: {1} the terms and conditions as set forth in this authorization, {2} the Rules, Regulations and Policy of the Company, and {3} any applicable federal, state and local rules, regulations and laws.

## A copy of the Death Certificate must accompany this authorization.

I certify and represent that the Cremated Remains being released or delivered to South Shore Sea Burials are those of the Deceased and that I have the legal right and authority to authorize the irretrievable scattering and dissemination of the cremated remains of the Deceased.

There is no objection to this final, irretrievable scattering of the Cremated Remains by any related parties.

If no specific instructions are provided in writing in this authorization, the scattering will be performed in a timely manner, by the Company, between April and November, subject to weather and sea conditions.

Unless specific instructions are given, in writing, to the Company, after the committal of the Cremated Remains to the sea, the container holding the Cremated Remains of the Deceased may be disposed of. Cremated Remains received in a bio-degradable, water soluble urn will be placed in the sea, in said urn, to dissolve, allowing the Cremated Remains to be released as intended by the use of said urn.

## **SPECIAL INSTRUCTIONS:**

The obligation of the Company shall be limited to the disposition of the Cremated Remains as directed herein. I/We agree to release and hold the Company, its affiliates and their agents, employees, successors and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the disposition of the Cremated Remains of the Deceased as authorized herein or with respect to the identification of said cremated remains as being those of the Deceased.

Signature	Date	Print Name	Relationship to Deceased
Address		City, State, Zip Code	Telephone Number
Witness	Date	Print Name	Relationship to Deceased
Address		City, State, Zip Code	Telephone Number
South Shore Se	a Burials:		
Signature		Date	Print Name