

NW Ashes
Out Of The Blue Aviation

18306 59th Dr NE
Arlington, WA 98223
360-474-1060

Authorization to Scatter Cremated Remains

| | | |
|---------------------------------------|---------------|---|
| Full Name of Deceased | | |
| Date of Birth | Date of Death | County and State of Death (Country if not US) |
| Requested aerial scattering location: | | |

I authorize that NW Ashes, Out Of The Blue Aviation take possession of and disperse the cremated remains of the above-named person by scattering them from an aircraft over the location selected above.

I understand that once the remains are scattered they are unrecoverable and I agree the Out Of The Blue Aviations has completed its part of this agreement

I agree to hold harmless and indemnify Out Of The Blue Aviation, its owners, employees and agents from any and all loss, damage, liability or causes of action, including attorney fees, in connection with the disposition or the identification of the cremated remains of the above-named deceased.

I agree that Out Of The Blue Aviation is not responsible for any loss or damage occulting during the transport by the United States Postal Service or other carrier chosen by the undersigned.

I agree that the obligation of Out Of The Blue Aviation shall be limited to the disposition of the cremated remains as directed herein.

I understand that any containers used to ship the remains will be disposed of by Out Of The Blue Aviation.

I certify that I have the full legal right to authorize the disposition of the remains of the above-named deceased.

| | | |
|--|--------------------------|------------------------------|
| Authorizing Signature | | Date |
| Print your name | Contact Telephone Number | Relationship to the Deceased |
| Name of person to receive the confirmation certificate: | | Their mailing address |
| Print the name of the deceased as you wish it to appear on the confirmation certificate. | | |