



Aloha Ash Scattering

Authorization to Scatter Ashes Form

Please print, fill out, and include in the shipping of the ashes.

I authorize Aloha Ash Scattering to scatter the cremated remains of _____.

This is to certify that I am the person responsible for and having full legal control of the disposition decisions of the above named deceased. I understand that these cremated remains will be scattered within 30 days upon receipt of these remains, weather permitting, off the shores of Maui, Hawaii or other specified location. I acknowledge that once the cremated remains have been scattered, they are unrecoverable. Unless otherwise specifically stated, Aloha Ash Scattering reserves the right and sole discretion to dispose of the container which was labeled "cremated remains". I agree to hold harmless Aloha Ash Scattering and its employees or authorized representatives from any and all loss, damage liability, or causes of action (including all attorney and litigation expenses) in connection with the disposition of the cremated remains of the above named deceased. I understand Aloha Ash Scattering is not responsible for any loss or damage caused by any airline or mail service hired by authorized agent to transport cremated remains. Any obligation of Aloha Ash Scattering shall be limited to the costs of the scattering ceremony.

Signature of Authorizing Applicant and Date

Print Name of Authorizing Applicant

Legal Name of Deceased

Relationship to Deceased

Funeral Director & Permit Number OR Crematory & Permit Number
