FAREWELL FLIGHT SERVICE AUTHORIZATION FORM

Name of Deceased :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Death:\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have the legal right to control the remains of the person identified above, and the right to determine the final disposition. I hereby request and authorize Farewell Flight Service to take possession of the cremated remains of the above-named deceased, obtain the necessary permits and certificates, and to scatter the cremated remains in the following location, per California state law:

Scattering location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Services; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I the undersigned, acknowledge that once the cremated remains are scattered they cannot be recovered. I acknowledge that the scattering is dependent upon favorable weather and other factors outside of our control. If scattering is to occur beyond 14 days of receipt of cremated remains, the undersigned will be contacted and a scattering will take place as soon as possible. I understand that Farewell Flight Service reserves the right to dispose of the cremated remains container.

**Custodian information**:

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   e-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Cremated remains are to be shipped via registered mail with return receipt requested.   As per the **USPS code 462.2**,   “CREMAINS should be marked on the address side and they need to be packaged in a sift-proof container or in other containers that are sealed in durable sift-proof outer containers”. Remains should be mailed, postage pre-paid to: **Farewell Flight Services P.O. Box 12036, Santa Rosa, CA 95406**

**We Will Need: A COPY OF THIS AUTHORIZATION, DISPOSAL PERMIT OR CERTIFIED COPY OF THE DEATH CERTIFICATE (if you don’t have a Disposal Permit) and FULL PAYMENT**. Please call if you have any questions.

We will schedule the scattering as soon as we have all these documents and the necessary permits. It is our goal to try to have the scattering done within 10 days of receipt, and if weather permits, on the date/time requested (See additional fees for scatterings being done on specific dates). Flight dates or times may change due to adverse weather conditions as determined by our pilots.   Any delays will be communicated to you.