



**Reel Patriot Charters, Inc.**

**Request and Authorization for the Scattering of Cremated Remains at Sea**

I hereby authorize Reel Patriot Charters, Inc. to take possession of and make arrangements for, the disposition of the cremated remains of

\_\_\_\_\_ ("Deceased") in accordance with and subject to the terms and conditions set forth in this Authorization; the Company's Rules and Regulations; and any applicable federal, state, provincial or local laws and regulations.

I certify that I have the full legal right and authority to authorize the disposition of the remains of the Deceased.

I hereby authorize Reel Patriot Charters, Inc. to make disposition of cremated remains of the Deceased at sea in the Atlantic Ocean or Gulf of Mexico.

I hereby direct Reel Patriot Charters, Inc. to scatter said cremated remains at sea, in accordance with State and Federal Law.

**Special Instructions:**

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If no specific instructions are provided herein, scattering will be performed by Reel Patriot Charters, Inc., in a timely manner, weather permitting.

"Scattering" consists of the scattering of cremated remains at sea. I understand that once the cremated remains of the Deceased are scattered, they are unrecoverable. Unless otherwise specifically provided for herein, once scattering of cremated remains of the Deceased has been performed, Reel Patriot Charters, Inc. will dispose of the container which contained said cremated remains.

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



Date of authorization \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_