

AUTHORIZATION FORM

Information of deceased (please print)

Name: _____ Title: _____
(As you would like to see it on the Certificate)

Date of birth: _____ Date of passing: _____

Military (include copy of DD214 form or discharge papers: _____
(for 10% military discount)

Preferred date of Dispersion: _____
(not applicable to the Classic Package)

Location: (GPS co-ordinates if available) _____

Because we have a strict chain of custody, cremains are to be shipped to **6939 Village Road, Parker, CO 80134** via registered mail with return receipt requested. Homeward Bound Aerial Services is not responsible for postal expenses.

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"

Once we are in receipt of the above, we will make arrangements for the scattering.

Aerial cremains scattering is final and irrevocable.

Homeward Bound Aerial Services is dedicated to the satisfaction of our customers. Flight dates or times may change due to adverse weather conditions as determined by our pilots. Such delays will be communicated to the custodian. Homeward Bound Aerial Services agrees to re-schedule the scattering to the earliest agreed upon date.

Certificates, DVD and photos will be sent to the custodian. The custodian will be contacted to finalize scattering details.

Homeward Bound Aerial Services will attempt to identify the party on the ground. If, within 15 minutes of scheduled scattering time we have not identified the party, we will commence scattering at the pre-arranged GPS co-ordinates.

I grant Homeward Bound Aerial Services, its representatives and employees the right to use all photos and videos produced, as a result of the ash scattering service they performed. I authorize Homeward Bound Aerial Services, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Homeward Bound Aerial Services may use such photographs and videos related to the ash scattering with or without my or my family members' names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

By signing this form, you agree to all of the above conditions.

Custodian information:

Signature: _____ Date: _____

Print name: _____ Relationship _____

Print street address: _____

City: _____ State: _____ Zip: _____

Mobile phone #: _____

Alternative phone #: _____

eMail _____