



International Scattering Society, Inc.

Authorization for Scattering Cremated Remains

Name of Deceased _____ Date of Authorization _____

I/We hereby authorize International Scattering Society, Inc. to take possession of and make arrangements for the scattering of the cremated remains of _____ (Deceased) in accordance with and subject to the terms of this authorization and any applicable international, federal, state, provincial or local laws and regulations.

I/We certify that I/we have full legal rights and authority to authorize the disposition of the remains of the Deceased.

Authorized Signature(s) _____

Print Name(s) _____

Relationship to the Deceased _____

Address _____

Telephone number(s) _____

Special Instructions _____

