



AUTHORIZATION FORM

This is to authorize **Big Blue Sea Services, LLC** hereinafter referred to as the “company” to take possession of and dispose the cremated remains of:

(Name of Deceased)

hereinafter referred to as the “deceased”, subject to all applicable federal and state laws, regulatory guidelines and the terms and conditions stated herein.

TERMS AND CONDITIONS

1. The deceased’s cremated remains (ashes) will be scattered in the waters of the Atlantic Ocean off the coast of South Florida;
2. The company will perform the scatter/burial at sea in accordance with the specific instructions expressed herein provided they are within the bounds of the law and all applicable rules;
3. In the absence of specific instructions, the company will scatter the ashes at sea within thirty (30) days from receipt of the cremated remains in accordance with its internal policies and depending on the prevailing weather and sea conditions, and vessel availability.

I/We understand that:

- The cremated remains, once scattered, are deemed unrecoverable.
- All fees and costs in relation to the sea scatter/burial service ordered and authorized herein must be paid in full before the company can render the scatter/burial services.
- The company, its employees, affiliates, agents, successors, and assignees will not be held liable for any loss or damage of the cremated remains during shipment.
- The company, its employees, affiliates, agents, successors, and assignees will be held harmless from any and all loss, damages and liabilities (including legal fees due to litigation) in connection with the identification and disposition of the deceased’s cremated remains as authorized herein.

SPECIFIC INSTRUCTIONS:

I/We hereby certify that I/We have the full legal rights to authorize the scatter/burial of the deceased’s cremated remains.

Print Name: _____ Signature: _____
Relationship to the Deceased: _____ Contact No.: _____
Address: _____ City: _____ State: _____ Zip: _____