



"Helping You Serve Families Better"

AUTHORIZATION FOR SCATTERING SERVICES

I, _____, being the decedent's _____,
(Printed name of person with right to control disposition) (Relationship to deceased)

request _____ scatter the cremated remains of _____
(Facility name) (Decedent's name)

in the following location: _____
(Description of place: address, city & state)

Signature of person with the right to control disposition (Phone Number) (Date) (Time)

Signature of representative acquiring authorization

Printed name of representative acquiring authorization