

Long Island Sea Burials  
Authorization for Scattering Cremated Remains at Sea  
34 Sunset Lane  
Patchogue NY 11772  
631-730-8500  
[www.Longislandseaburials.com](http://www.Longislandseaburials.com)

Unattended Disposition of Remains Authorization

I, \_\_\_\_\_, authorize Long Island Sea Burials to take possession and make arrangements for the disposition of the cremated remains of \_\_\_\_\_, referred to as the "Deceased" at sea in accordance with and subject to the terms and conditions set forth in this authorization and the rules and regulations and policies of this company and in accordance of all applicable State, Federal, Environmental and local laws rules and regulations.

I certify and represent that the cremated Remains being released to the Company are those of the deceased listed above and that I have the legal right and authority to designate Long Island Sea Burials the irretrievable scattering of said remains.

If there are no specific instructions outlined below, the scattering of said cremated remains will be done in a timely manner between April and November subject to weather conditions.

Unless otherwise specifically provided herein, once dissemination of cremated remains of the deceased has been performed, company has the right at its sole discretion to dispose of the container as we deem environmentally legal and appropriate unless otherwise outlined below.

The obligation of the company, its affiliates and their agents, employees, successors and assigns harmless from any and all loss, damage, liability or cause of action (Including attorney fees and expenses of litigation) in connection with the disposition of said remains.

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_ Telephone number \_\_\_\_\_

Witness \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Relationship to deceased \_\_\_\_\_ Telephone number \_\_\_\_\_

DAS Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_