



(877) 711-5319 • Fax (209) 762-6811 • Info@NorCalAshScattering.com • www.NorCalAshScattering.com

AUTHORIZATION TO SCATTER CREMATED REMAINS

Last Name of Deceased First Name of Deceased Date of Death County of Death, or State if
outside CA

I, _____ have the legal right to control the disposition, and hereby request and authorize MountainHouse Services to take possession of the cremated remains of the above-named deceased, obtain and complete necessary permits and certificates, and to scatter the cremated remains in the following location(s), per California state law:

- Sea Scattering: State general location(s) of scattering to be done _____
- Valley Scattering: State general location(s) of scattering to be done _____
- Private Property: State name, address and telephone number of property owner _____

- Foothills Scattering: State general location(s) of scattering to be done _____
- Mountain Scattering: State general location(s) of scattering to be done _____

(initials) _____ I/We the undersigned, acknowledge that once the cremated remains are scattered they cannot be recovered. I/We acknowledge that the scattering is dependent upon favorable weather and other factors outside of our control. If scattering is to occur beyond 14 days of receipt of cremated remains, the undersigned will be contacted with a time estimate and a Request for Authorization to Scatter Beyond 14 Days. I/We understand that MountainHouse Services reserves the right to dispose of the cremated remains containers, unless I/We request that the container be returned to us.

- I/We request that the cremated remains container provided by me/us be returned to us me/us at the following address (additional postage charges may apply): _____

(initials) _____ I/We agree to protect, indemnify, and hold harmless MountainHouse Services and their agents, employees, owners, pilots, successors, and/or assigns against any and all loss, claims or damages (including attorney's fees and costs/expenses of litigation), in connection with the disposition of cremated remains of the deceased and/or transport or mail services associated with the delivery of the remains to the requested destination. The obligation of MountainHouse Services is limited to the disposition of the cremated remains as directed above. For these services, we agree to pay MountainHouse Services \$ _____ (call (877) 711-5319 for pricing).

Method of Payment: Check or Money Order Credit Card: Visa M/C American Express

Credit Card Number

Expiration Date

Address Where Statements Are Sent

Zip Code

Security Code No (3 numbers on back of credit card)

Signed _____ Date _____
(person(s) authorized to to control disposition of the cremated remains)

Printed Names of Signatures Above _____

Mailing Address of Above Signer(s) _____

Telephone Numbers of Above Signer(s) () _____ () _____

IMPORTANT NOTE: Return this Authorization, along with the cremated remains (label the package "Cremated Remains") via United States Postal Service, Registered Mail, Return Receipt Requested, to:

MountainHouse Services
26971 Columbia Drive
Pioneer, CA 95666



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INSTRUCTIONS FOR SHIPPING CREMATED REMAINS

Complete and present this form to your funeral director or crematorium for completion of the “Application and Permit for the Disposition of Human Remains and/or Mailing of Cremated Remains.”

Full Name of Deceased _____

Date of Death _____

County of Death, or State if
Outside California _____

Check the Following That Apply

Sea Scattering: State General Location _____

Valley Scattering: State General Location _____

“Application and Permit for the Disposition of Human Remains” should read: Scattering in the vicinity of (state general location)

Foothill Scattering: State General Location _____

“Application and Permit for the Disposition of Human Remains” should read: Scattering in the vicinity of (state general location)

Mountain Scattering: State General Location _____

“Application and Permit for the Disposition of Human Remains” should read: Scattering in the vicinity of (state general location)

For all scatterings, write on outside of box CREMATED REMAINS and send through the US Postal Service, Registered Mail Return Receipt to:

MountainHouse Services
26971 Columbia Drive
Pioneer, CA 95666