



### Authorization for Burial at Sea of Cremated Remains

**Date of Authorization:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City / State/Zip Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Email :** \_\_\_\_\_

I/We the undersigned hereby request and authorize EterniSea to take possession of and make arrangements for, the dissemination of the cremated remains of \_\_\_\_\_ , (hereafter referred to as the "Deceased") in accordance with and subject to:

- a) the terms and conditions set forth in this authorization;
- b) the Company's Rules and regulations; and
- c) any applicable federal, state, or local laws and regulations.

I/We certify, warrant and represent that I/We have the full legal right and authority to authorize the dissemination of the remains of the deceased. I/We hereby authorize the EterniSea to disseminate the cremated remains of the Deceased at sea in the offshore waters of Crystal River, in the State of Florida. I/We hereby direct the Company to disseminate said cremated remains at sea, in accordance with State and Federal Law.

Special Instructions: "Burial at Sea" consists of the scattering of cremated remains at sea. I understand that once the cremated remains of the Deceased are scattered, they are unrecoverable. Unless otherwise specifically provided for herein, once scattering of cremated remains of the Deceased has been performed, the Company will properly dispose of the container which contained said cremated remains (unless an approved, biodegradable container is used). The obligation of the EterniSea shall be limited to the disposition of the cremated remains as directed herein.

I agree to release and hold harmless EterniSea, its affiliates and their agents, their employees & contractors, successors and assigns from any and all loss, damage, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the disposition of the cremated remains of the Deceased as authorized herein or respect to the identification of said cremated remains as being those of the Deceased.

\_\_\_\_\_  
**Print Name Name of Deceased**

\_\_\_\_\_  
**Signed By**

\_\_\_\_\_  
**Relationship to Deceased**