

## Tanabe Flying Services

Jamie Tanabe, commercial pilot, CRD #811  
1093 E. Avocado Crest Road, La Habra Heights, CA 90631  
(800) 407-6401 and (562) 691-7227

### Authorization to Scatter

Please print all information clearly

Name of Deceased	Date of Birth	Date of Death	Sex	County of Death
Name of Mortuary & License Number		Funeral Director & License Number		
Name of Crematory		Date Cremated		
Requested location of scattering by air of cremated remains				

Arrangements (please check one and fill out any special arrangements that may apply):

Family wishes to be notified of the scheduled date of scattering. Please send notice to the following address:

\_\_\_\_\_

Family does not wish to be notified of the date of scattering.

Special arrangements (please specify below). The family will be contacted prior to scattering.

\_\_\_\_\_

Certificate of Scattering will be mailed to the name and address listed below:

Name of person receiving the certificate:	Address:
Contact phone number:	
Name of deceased as it should appear on the certificate (please print clearly):	

The undersigned will deliver or cause to be delivered to Tanabe Flying Services the above-referenced cremated remains, and hereby authorizes Tanabe Flying Services and its designated agents or employees to receive and scatter said remains. The undersigned understands that although Tanabe Flying Services will put forward its best efforts to scatter cremated remains pursuant to the request set forth on this form and within sixty (60) days of its receipt of remains, inclement weather, governmental regulations, or other factors may delay, relocate, or otherwise interrupt the planned scattering. The undersigned also understands that once the cremated remains are scattered they are unrecoverable and at that time Tanabe Flying Services has completed its part of this agreement.

Tanabe Flying Services and its owners, agents, employees, and business partners shall not be responsible for delay, damage, destruction, loss, theft, acts of God, or circumstances beyond their control during transportation of the cremated remains. On behalf of myself, my assigns, my successors, and family members of the deceased, I hereby agree to hold harmless and indemnify Tanabe Flying Services and its owners, agents, employees, and business partners from any and all claims and causes of action in connection with any damage or injury which may be sustained as a result of or in connection with this scattering.

The undersigned acknowledges that all contracts, letters, and other materials provided by Tanabe Flying Services including but not limited to this Authorization Form and any landowner or government agency letters used to obtain burial permits, are the proprietary and copyrighted material of Tanabe Flying Services. As such, the undersigned affirms that these materials will at all times be kept confidential and will not be disclosed or made use of, by or for the undersigned, the mortuary, or a third party, unless specifically approved in writing by Tanabe Flying Services.

I certify that I am the person having the legal right to control the disposition of the remains of the deceased listed above at the location specified above under provisions of the Health and Safety Code, and that the family members (where applicable) are aware of and consent to this scattering.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/Relation to Deceased

\* This form and the VS-9 (Application and Permit for Disposition of Human Remains) must accompany cremated remains at time of pick-up or delivery.

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