

ANGEL'S WINGS FUNERAL FLIGHTS, INC.

TEMPE, ARIZONA

(602) 206-3633

AUTHORIZATION to SCATTER CREMATED REMAINS of PET

NAME OF PET _____ SPECIES _____
(AS YOU WISH IT TO APPEAR ON THE COMMEMORATION CERTIFICATE)

BREED _____ SEX _____

D.O.B. (ESTIMATED YEAR OF BIRTH) _____

DATE OF DEATH _____

REQUESTED LOCATION FOR AERIAL ASH SCATTERING:

I (the undersigned) authorize and request that Angel's Wings Funeral Flights, Inc. take possession of and scatter the cremated remains of the above named pet from an aircraft over the location selected above.

I understand that once the remains are scattered they are unrecoverable and I agree that Angel's Wings Funeral Flights, Inc. has completed its part of this agreement.

I agree to hold harmless and indemnify Angel's Wings Funeral Flights, Inc., its owners, employees and agents from any and all loss, damage, liability or causes of action, including attorney fees, in connection with the disposition or the identification of the cremated remains of the above named pet.

I agree that Angel's Wings Funeral Flights, Inc. is not responsible for any loss or damage occurring during the transport by the United States Postal Service or other carrier chosen by the undersigned, if applicable.

I understand that any container(s) used to ship (if applicable) the cremated remains may be disposed of by Angel's Wings Funeral Flights, Inc.

I certify that I have the full legal right to authorize the disposition of the remains of the above named pet.

AUTHORIZING SIGNATURE _____ DATE _____

PRINT YOUR NAME _____

CONTACT TELEPHONE NUMBER _____

