

Affordable Scatterings

Wentzel Scattering Service

2057 Lake Side Avenue Davenport, FL 33837

(863) 206-3374 guywentzel@gmail.com

Affordablesscatterings.com

Authorization To Scatter Cremated Remains

Name of Decedent _____ Sex: M F

Date of Birth _____ County of Death _____

Date of Death _____ Date Cremated _____

Funeral Home _____ Funeral Director _____

Name of Crematory _____

Scattering location: _____

This is to certify that I am the person having the legal right to control the disposition of the remains of the decedent above under provisions of the Health and Safety Code. I hereby authorize Guy R. Wentzel to obtain and scatter these cremains by air or boat within 60 days of receipt from applicant, weather permitting. I hereby agree to hold harmless and indemnify Guy R. Wentzel from any and all claims, demands, and or damages which may be made or declared by any of the above or the applicant for the loss of the cremains by the neglect of any airline, freight, or mail services involved in transporting the cremains to the requested destination. Due diligence will be made to safeguard, protect, and scatter the cremains in a timely and respectable manner. However, Guy R. Wentzel shall not be responsible for theft or circumstances beyond his control. The maximum claim against Guy R. Wentzel shall not exceed \$750 for any loss or damage to the applicant or family, for whatever reason. Guy R. Wentzel is registered with The State of California Cemetery Board and is solely Responsible for the performance of its' duties. No liability shall be extended to, or damages sought from your Funeral Director for our actions or lack thereof. The applicant shall be responsible for obtaining the Permission from the land owner and Permit for Disposition of Human Remains Form. 7-7-17

Date _____ Signature _____

Authorization by Applicant

Certificate to be mailed to: Name: _____

Street: _____

City, State, Zip: _____

Phone Number of Applicant: (_____) _____

Please make check payable to: Wentzel Scattering Service

For Office Use Only:

Date Cremated Remains Received:	Cremated Remains Received By:	
Cremated Remains Received From:	Amount Paid:	Bill: