

# ALPHA OMEGA AIR

## Authorization for the Scattering of Cremated Remains

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Desired Location of Scattering: \_\_\_\_\_

Coordinates (Latitude / Longitude): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The undersigned acknowledges and understands that scattering of cremated remains is a final and irrevocable act, and that once the cremated remains have been released into the air they are forever unrecoverable.**

\_\_\_\_\_ (initial to acknowledge)

I hereby authorize and direct Alpha Omega Air to take possession of and to scatter, in accordance with the terms and conditions described in this Authorization for the Scattering of Cremated Remains, the cremated remains of

\_\_\_\_\_ ("Deceased")

from an aircraft in a way deemed both safe and in compliance with all applicable laws and regulations governing such action. I certify that I have the full legal right and authority to authorize the transportation and disposition of the cremated remains of the Deceased and that the identity of said remains is as stated above.

I acknowledge and agree that Alpha Omega Air is not responsible for any loss of or damage to the cremated remains of the Deceased that may occur while in transit from point of origin to Alpha Omega Air.

If no specific instructions are provided herein, scattering will be performed by Alpha Omega Air from an aircraft, in a timely manner at a location of our choosing.

I understand that weather, unanticipated mechanical difficulties, government issued temporary flight restrictions, permitting and other issues beyond Alpha Omega Air's control may prevent the scattering of Deceased's cremated remains on the desired scattering date (if stated.) Alpha Omega Air will notify me of the delay and anticipated rescheduled scattering date as soon as reasonably practical.

I acknowledge and understand that once the aircraft has departed there is no method to recall the flight, and that the aerial scattering will be conducted as planned.

Unless otherwise specifically provided for herein, once scattering of the cremated remains of the Deceased has been performed, Alpha Omega Air will dispose of the container(s) which contained said cremated remains.

\_\_\_\_\_ (initial to authorize) I authorize Alpha Omega Air to return the container(s) which contained said cremated remains to me at the address listed above for a fee of \$30 per container which must accompany this form. I further acknowledge and agree that Alpha Omega Air is not responsible for any loss of or damage to the cremated remains container(s) of the Deceased that may occur while in transit from Alpha Omega Air to me.

The obligation of Alpha Omega Air shall be limited to the disposition of the cremated remains. I agree to protect, hold harmless and indemnify Alpha Omega Air and its principals, employees, agents and affiliates, successors and assigns from any and all loss, claims, demands or damages, liability or causes of action (including attorney's fees and costs/expenses of litigation) in connection with the disposition or the identification of the cremated remains of the Deceased.

This Authorization and the agreements that it constitutes shall be considered in accordance with the laws of the State of Kansas and any disputes arising hereunder shall be adjudicated in the State of Kansas.

Date of Authorization: \_\_\_\_\_

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Signature

Printed Name

Relationship to Deceased