



Memorial Flight

Aerial Ash Scattering Along the California Coast

*A beautiful way
to honor,
remember, and
celebrate a
life well lived.*

AUTHORIZATION FOR AERIAL SCATTERING OF CREMATED REMAINS

*Please complete this form clearly and completely. Return it with the cremated remains,
a copy of the death certificate, and any accompanying disposition paperwork.*

1. INFORMATION ABOUT THE DECEASED

Full Legal Name: _____ Date of Birth: _____
Place of Death (City, State): _____ Date of Death: _____

2. PERSON AUTHORIZING THE SCATTERING

Full Name: _____
Relationship to Deceased: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

3. SCATTERING DETAILS

Preferred Scattering Location: *(Please select one)*

☐ Standard: Carmel to Santa Cruz ☐ Extended: Big Sur to the Golden Gate Bridge ☐ Other: _____

Other / Specific Location: _____

Special Requests or Instructions: _____

I understand that the exact scattering location may be adjusted by Memorial Flight, as necessary, to ensure a safe, lawful, and respectful flight, and will be within the general area requested above.

☐ I understand and acknowledge the above. Initials: _____

4. SERVICE SELECTION

Please select the flight service: ☐ Farewell Flight ☐ Coastal Tribute Flight ☐ Legacy Flight ☐ Military Honor Flight
Personalization: ☐ Aerial Photo ☐ In-Flight Video ☐ Rose Petal Tribute ☐ Family Farewell Message ☐ Package

5. AUTHORIZATION AND ACKNOWLEDGMENT

I certify that I have the legal right and authority to authorize the disposition of the cremated remains described above.

I hereby authorize Memorial Flight, a California-registered Cremated Remains Disposer, to take custody of the cremated remains described above and to perform the aerial scattering in accordance with my instructions. I understand that the cremated remains will be removed from their container before scattering. I certify that the information provided on this form is true and correct to the best of my knowledge.

I understand and acknowledge the cremated remains (ashes) cannot be recovered once they are released into the air.

Signature of Authorizing Person: _____ Date: _____

Printed Name: _____