**The Angels Ashes/The Last Watch Foundation**

poc@theangelsashes.com

**Authorization Form**

Note\* Please initial each box, scan, and email to Mr. O’Connor

**For each box, please initial:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I authorize **The Angel’s Ashes/The Last Watch Foundation** to scatter the cremated remains of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (deceased) at sea in the Pacific Ocean. I certify that I have full legal right and authority to authorize the disposition of the cremated ashes of the deceased. I understand that the scattering of ashes will take place within 3 days of The Angel’s Ashes/The Last Watch Foundation receiving the ashes and is subject to the regulations set forth by the State of California. I understand the obligation of The Angel’s Ashe’s/The Last Watch Foundation is limited to the scattering of ashes and I agree to hold them harmless of any and all liability, loss, damage, or causes of action in connection with the disposition of the cremated ashes of the deceased.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand **The Angel’s Ashes/The Last Watch Foundation** is not responsible for any damage or loss of the cremated ashes while being shipped or transported. I authorize The Angel’s Ashes/The Last Watch Foundation to take pictures and videos of the service. I understand that I will be receiving a ‘flash drive’ of the unedited video and photos.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that when I give **The Angel’s Ashes/The Last Watch Foundation** the document entitled, ‘Application and Permit to Dispose of Human Remains’ they will mail it to the appropriate Health Department. I understand that all donations to The Last Watch non-profit foundation are to be used solely for their operational expenses and for the burials-at-sea for the Military and their families.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that the scattering-of ashes-at sea ceremony will be either unattended or a view from a pier and no one will be a passenger on the **‘Orion’**. They are not a commercial business and do not charter their boat.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of the Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Certificates needed: \_\_\_\_\_\_

How did you hear of us? Please circle: Yelp? Google? Referral?