



formerly Wentzel Flying Service

9250 Kliever Way | Elk Grove, CA 95624

Cell: (916) 719-5376 Fax: (916) 685-7389

www.airscatterings.com | info@airscatterings.com

California Registered Cremated Remains Disposer No. 965

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 of cremated remains will be as follows: _____

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 CA Health and Safety Code. I hereby authorize Arron J. Cambridge to obtain and scatter these cremated remains by air or boat within 60 days of receipt from applicant, weather permitting. I hereby agree to hold harmless and indemnify Arron J. Cambridge 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 cremated remains by the neglect of any airline, freight, or mail services involved in transporting the cremated remains to the requested destination. Due diligence will be made to safeguard, protect, and scatter the cremated remains in a timely and respectable manner. However, Arron J. Cambridge shall not be responsible for theft or circumstances beyond his control. The maximum claim against Arron J. Cambridge shall not exceed \$750 for any loss or damage to the applicant or family, for whatever reason. Cambridge Scatterings 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 (VS-9). 1-1-2021

Date _____ Signature _____

Authorization by Applicant

Certificate to be mailed to: Name: _____

Street: _____

City, State, Zip: _____

Phone Number of Applicant: (_____) _____

Additional Services: Red Rose Petals (\$75) DVD/Bluray Video (\$195)

Please make check payable to: Cambridge Scatterings

For Office Use Only:

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