

NEW CHOICE BURIALS
South Florida's Choice for Burials at Sea

AUTHORIZATION FORM

1. I/We hereby authorize "New Choice Burials", hereinafter known as the "company" to take possession of and to disseminate the cremated remains of:
 _____, hereinafter known as the "deceased" in accordance with a) terms and conditions as set forth in this authorization form b) in compliance with all regulatory guidelines c) rules of the company.
2. I/We hereby certify that I/We have the full legal right to authorize the disposition of the remains of the deceased.
3. I/We hereby authorize the company to perform the burial at sea by disseminating the cremated remains (scattering of the ashes) of the deceased in the waters of the Atlantic Ocean off the coast of South Florida. I/We understand that once the ashes of the deceased are scattered, they are unrecoverable.
4. If no specific instructions are provided herein, the company will perform the burial at sea within thirty (30) day from receipt of the cremated remains depending on weather, sea conditions and vessel availability.
5. I/We hereby agree to release and hold harmless the "company", its employees, affiliates, agents, successors and assigns from any loss or damage of the cremated remains shipped via Registered Mail with the United States Postal Service.
6. I/We hereby agree to release and hold harmless the "company", its employees, affiliates, agents, successors and assigns from any and all loss, damage, liability (including attorney fees and expenses due to litigation) in connection with the final disposition of the cremated remains of the deceased as authorized herein or with respect to the identification of the deceased's remains.
7. I/We hereby agree that all fees and costs associated with the burial at sea ordered and authorized by me/us must be paid in full before the company will perform the burial at sea.

Special Instructions: _____

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| Signature | Print Name | Relationship to the Deceased (_____) |
| Address | City State Zip | Telephone # |

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|-----------|--------------------------|---|
| Signature | Print Name | Relationship to the Deceased (_____) |
| Address | City State Zip | Telephone # |