Castaway at Sea – Authorization for Scattering of Cremated Remains

This form authorizes Castaway at Sea to respectfully scatter the cremated remains of the individual named below in accordance with their wishes and applicable maritime regulations.

1. Deceased Information

Full Name of Deceased: _____

Date of Birth: _____ Date of Death: _____

Date of Cremation: _____ Cremation ID (if known): _____

2. Authorizing Individual

Name: _____

Relationship to Deceased: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

3. Authorization

I, the undersigned, certify that I have the legal right and authority to authorize the scattering of the cremated remains of the above-named individual. I hereby authorize Castaway at Sea and its representatives to scatter the remains at sea in accordance with U.S. Coast Guard and EPA guidelines. I understand that this process is irreversible and that the remains will not be recoverable after scattering.

Preferred Scattering Option (check one):

■ Unattended Scattering

■ Attended Scattering

■ Personalized Ceremony

Preferred Scattering Location (if applicable): _____

Special Instructions or Dedication Message: _____

_____

_____

4. Certification and Signature

By signing below, I release Castaway at Sea, its vessel, captain, and crew from any liability associated with the transportation, handling, or scattering of the cremated remains as authorized herein.

Printed Name: _____

Signature: _____

Date: _____

Castaway at Sea Representative

Captain's Name: _____

Signature: _____

Date of Scattering: _____

Please include this signed form and a copy of the cremation certificate when mailing cremated remains.
Thank you for allowing us to honor your loved one's connection to the sea with dignity and care.