

To The Winds

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Email: johnsr@aerialsbywhitney.com

Information about the deceased

Name: _____

Date of Birth: _____

Date of Passing: _____

Preferred date
Of dispersion: _____

Location of
Dispersion: _____

Guardian information

Name: _____

Email: _____

Relationship: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

I am granting authorization for 'To The Winds' to disperse the remains of the deceased mentioned above. I understand the act of aerial dispersion is final and irrevocable. Every attempt will be made to complete the dispersion on the preferred date, however flight dates may have to be altered due to inclement weather. In such cases a mutually agreed upon date will be selected. Certificates of the dispersion will be sent to the guardian at the address specified above. All remains shipped to us must be done so via registered mail with return receipt requested. The remains should be packaged in a sift proof container and should be labeled "CREMAINS".

We must have this authorization form on file, payment and received the remains in order to commence dispersion on the preferred date.