

# *Homeward Bound Aerial Services Authorization Form*

## Information of deceased (please print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of passing: \_\_\_\_\_

Military(include copy of DD214 form or discharge papers): \_\_\_\_\_  
(for 10% military discount)

Preferred Date of Dispersion : \_\_\_\_\_ Home Airport \_\_\_\_\_

Location: (GPS co-ordinates if available) \_\_\_\_\_

Because we have a strict chain of custody, cremains are to be shipped via registered mail with return receipt requested. As per the USPS code 462.2, "CREMAINS should be marked on the address side and they need to be packaged in a sift-proof container or in other containers that are sealed in durable sift-proof outer containers" and mailed to 21355 East Fremont Place, Centennial, CO 80016. Homeward Bound Aerial Services is not responsible for postal expenses..

<p><b>WITH THE CREMAINS, PLEASE INCLUDE A COPY OF THE DEATH CERTIFICATE, PAYMENT AND THIS AUTHORIZATION FORM.</b></p>
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Once we are in receipt of the above, we will make arrangements for the scattering.  
Aerial cremains scattering is final and irrevocable.

Certificates, DVD and photos will be sent to custodian unless additional addresses are provided.  
The custodian will be contacted to finalize scattering details.

Homeward Bound Aerial Services is dedicated to the satisfaction of our customers. Flight dates or times may change due to adverse weather conditions as determined by our pilots. Such delays will be communicated to the custodian. Homeward Bound Aerial Services agrees to re-schedule the scattering to the earliest agreed upon date.

Homeward Bound Aerial Services will attempt to identify the party on the ground. If, within 15 minutes of scheduled scattering time we have not identified the party, we will commence scattering at the pre-arranged GPS co-ordinates.

By signing this form, you agree to all of the above conditions.

## Custodian information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail (optional) \_\_\_\_\_