



AUTHORIZATION FOR FINAL DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING THE FINAL DISPOSITION OF CREMATED REMAINS. THE FINAL DISPOSITION OF CREMATED REMAINS IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

NAME OF DECEASED INDIVIDUAL _____

- A. I certify that I am the legal custodian of the cremated remains of the deceased, and I have legal authority to authorize the final disposition of these remains

Initials: _____

- B. I hereby authorize Veterans Memorial Reef to take possession of these remains and handle the final disposition as follows: Utilize the remains in the creation of a memorial reef and to handle the deployment of the Memorial Marker.

Initials: _____

- C. I hereby certify that these are the remains of:

_____.

Initials: _____

- D. I understand the obligation of Veterans Memorial Reef shall be limited to the final disposition (Placement) of the cremated remains as directed herein.

Initials: _____



E. The legal custodian of these remains agrees to release and hold Veterans Memorial Reef, its affiliates, and their agents, employees, assignees harmless from any liability or causes of action, including attorney fees and the expense of litigation in connection with the disposition of the cremated remains including if the legal custodian fails to properly identify the remains.

Initials: _____

F. The sales warranty is limited to providing the service that Veterans Memorial Reef has agreed to provide in accordance with the terms of the agreement and in a manner that complies with industry standards. There are no other warranties expressed or implied and any damages shall be limited to the refund of the disposition fee paid.

Initials: _____

G. I understand that the cost for all memorial services rendered to include placement of the memorial marker will be as per discussed costs on the invoice.

Initials: _____

Signature of Legal Custodian: _____ **Date:** _____

Name (Printed) _____

Street _____

City _____ **State** _____ **Zip** _____

Signature of Witness _____ **Date:** _____

Witness Name Printed _____