



(209) 295-7761 • MountainHome@volcano.net • www.MountainHouseServices.com

## AUTHORIZATION TO SCATTER CREMATED REMAINS

Last Name of Deceased	First Name of Deceased	Date of Death	County of Death, or State if outside CA
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I, \_\_\_\_\_ have the legal right to control the disposition, and hereby request and authorize MountainHouse Services to take possession of the cremated remains of the above-named deceased, obtain and complete necessary permits and certificates, and to scatter the cremated remains in the following location(s), per California state law:

- Sea Scattering: State general location(s) of scattering to be done \_\_\_\_\_
- Valley Scattering: State general location(s) of scattering to be done \_\_\_\_\_
- Private Property: State name, address and telephone number of property owner \_\_\_\_\_  
\_\_\_\_\_
- Foothills Scattering: State general location(s) of scattering to be done \_\_\_\_\_
- Mountain Scattering: State general location(s) of scattering to be done \_\_\_\_\_

(initials) \_\_\_\_\_ I/We the undersigned, acknowledge that once the cremated remains are scattered they cannot be recovered. I/We acknowledge that the scattering is dependent upon favorable weather and other factors outside of our control. If scattering is to occur beyond 14 days of receipt of cremated remains, the undersigned will be contacted with a time estimate and a Request for Authorization to Scatter Beyond 14 Days. I/We understand that MountainHouse Services reserves the right to dispose of the cremated remains containers, unless I/We request that the container be returned to us.

- I/We request that the cremated remains container provided by me/us be returned to us me/us at the following address (additional postage charges may apply): \_\_\_\_\_

(initials) \_\_\_\_\_ I/We agree to protect, indemnify, and hold harmless MountainHouse Services and their agents, employees, owners, pilots, successors, and/or assigns against any and all loss, claims or damages (including attorney's fees and costs/expenses of litigation), in connection with the disposition of cremated remains of the deceased and/or transport or mail services associated with the delivery of the remains to the requested destination. The obligation of MountainHouse Services is limited to the disposition of the cremated remains as directed above. For these services, we agree to pay MountainHouse Services \$ \_\_\_\_\_ (call (209) 295-7761 for pricing).

Method of Payment:  Check or Money Order  Credit Card:  Visa  M/C  American Express

Credit Card Number	Expiration Date
Address Where Statements Are Sent	Zip Code
Security Code No (3 numbers on back of credit card)	

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(person(s) authorized to to control disposition of the cremated remains)

Printed Names of Signatures Above \_\_\_\_\_

Mailing Address of Above Signer(s) \_\_\_\_\_

Telephone Numbers of Above Signer(s) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**IMPORTANT NOTE:** Return this Authorization, along with the cremated remains (label the package "Cremated Remains") via United States Postal Service, Registered Mail, Return Receipt Requested, to:

MountainHouse Services  
PO Box 1518  
Pioneer, CA 95666  
(delivery direct to the Post Office is safest method, as they take custody and notify us)



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## INSTRUCTIONS FOR SHIPPING CREMATED REMAINS

Complete and present this form to your funeral director or crematorium for completion of the “Application and Permit for the Disposition of Human Remains and/or Mailing of Cremated Remains.”

Full Name of Deceased

Date of Death

County of Death, or State if  
Outside California

Check the Following That Apply

Sea Scattering: State General Location \_\_\_\_\_

Valley Scattering: State General Location \_\_\_\_\_

“Application and Permit for the Disposition of Human Remains” should read: Scattering in the vicinity of (state general location)

Foothill Scattering: State General Location \_\_\_\_\_

“Application and Permit for the Disposition of Human Remains” should read: Scattering in the vicinity of (state general location)

Mountain Scattering: State General Location \_\_\_\_\_

“Application and Permit for the Disposition of Human Remains” should read: Scattering in the vicinity of (state general location)

For all scatterings, write on outside of box CREMATED REMAINS and send through the US Postal Service, Registered Mail Return Receipt to:

**MountainHouse Services**

PO Box 1518

Pioneer, CA 95666

(delivery direct to the Post Office is safest method, as they take custody and notify us)

Physical Address: 26971 Columbia Drive

Pioneer, CA 95666