Northern California Aerial Services

7063 Village Parkway Dublin, CA 94568 925.785.1761 www.airscattering.com



Authorization to Scatter Cremated Remains

Name of deceased:		<u>Sex:</u>
D.O.B.	County of Death:	
Date of Death:	Date Cremated:	
Funeral Home:	Funeral Director:	
<u>Crematory:</u>		
Location of scattering:		
By signing below I am certifying that I		
Please make check payable to Eric Muetterties Photography.		
Signed	Date:	
Scattering Certificate to be mailed to:		
Name:		_
Address:		
City, State, ZIP:		
Phone: () -		