

STATE OF NORTH CAROLINA
COUNTY OF ORANGE

**REQUEST AND AUTHORIZATION
FOR THE SCATTERING OR BURIAL OF CREMATED REMAINS**

I hereby request permission to hold a memorial ceremony and/or scatter or bury the cremated remains of

_____ (the "Deceased") in The University of North
(Full Name of Deceased)

Carolina at Chapel Hill Memorial Grove.

I certify that I am the person with the full legal right and authority to authorize the disposition of the remains of the Deceased. I understand and acknowledge that once the scattering or burial is completed, the ashes are not recoverable. I understand and acknowledge that the cremated remains of others may be scattered or buried in a similar manner in the Memorial Grove, and that the cremated remains of the Deceased may be inadvertently commingled with those of another person. I understand and acknowledge that the obligation of The University of North Carolina at Chapel Hill shall be limited to permitting the disposition of the cremated remains in its Memorial Grove as set forth herein.

I agree to release, hold harmless and indemnify The University of North Carolina at Chapel Hill, its affiliates and their agents, employees, successors and assigns from any and all loss, damage, liability or causes of action (including attorney's fee and expenses of litigation) in connection with the disposition of the cremated remains of the Deceased as authorized herein or with respect to the identification of said cremated remains as being those of the Deceased.

Signature of Person Authorized to Dispose of Ashes

Date

Printed Name of Person Authorized to Dispose of Ashes

Relationship to Deceased

Street Address: _____

City, State, Zip Code: _____

Telephone Number(s): _____

Email Address: _____

UNIVERSITY AUTHORIZATION

I hereby authorize the holding of a memorial ceremony and/or scattering the cremated remains of the Deceased in The University of North Carolina at Chapel Hill Memorial Grove.

Name:
Title:

Date