## **Grand Canyon**

**National Park Service** U.S. Department of the Interior

**Grand Canyon National Park** Arizona



## **Application for Permit to Scatter Cremation Ashes**

I hereby request permission to scatter	cremation ashes from this person: _	
Please provide the information request	ted.	
Location of Scattering:(Please give general area. Exa	ample: near Mohave Point)	_
Flight Service (if by air):		_
Date of Scattering:		
Requested By:		
Relationship to Deceased:		
Address:		
Phone Number:		
Conditions of Permit		
<ol> <li>A copy of the Certificate of Cremated Hum</li> <li>Ashes from Cremated Human Remains mu</li> <li>No teeth, bone fragments, or remnants rec</li> <li>Ashes must be scattered away from any w</li> <li>The placement of any monument or marke</li> <li>All air companies must comply with the pol Administration and dispersement must be of</li> </ol>	ust be scattered in a manner so as to cognizable as human remains may be rater, campsites, public gathering are er recognizing the scattering of crema licies of Grand Canyon National Park	disperse their identity. e scattered. as and developed areas. ted human remains is prohibited. and the Federal Aviation
Per 36 CFR 2.62(b), Grand Canyon National P Additional conditions may be added to the perr		
I have read and will abide by the conditions sta	ated in this request,	
Signature of Applicant	Date	
Once you have completed this form:		
Please fax the form to (928)638-7701 or return 86023. We will review and approve the applica (928)638-7707 if you have any questions or co	ation then send a permit to you by eit	her fax or mail. Please call us at