O.U.R. COMMEMORATIVE CONSERVATION GROUNDS

SCATTERING FORM
SCATTERING FORM

NOTE: Please send us this part of the form after death has been registered
Deliver to: P.O. Box 530, Shawnigan Lake, B.C. Canada V0R 2W0; Copy by Fax to (250) 743-3019
AT LEAST THREE FULL BUSINESS DAYS PRIOR TO any scattering, excluding weekends and Statutory Holidays.

Requested Date and Time of Scattering

Requested time and date..............................................................
Estimated number of people attending........................................

Details of the deceased
Title(Mr/Mrs/Miss/Ms./other)..............................................
FirstName(in capitals)..................................................
Middle names ..............................................
Last name .....................................................................Age of decedent...............
Date of Birth (Day, Month and Year) .......... / .... / .........

[If a Minor, please state Name and Residence of Parents]
Name(s).............................................................................Postcode.......
Address ...........................................................................................

Date of Death (Day, Month and Year) ....... / .... / .........
Private Address of Deceased..........................................................

Details of the Scattering of Cremated Remains

Selected Area...........................................................................
Reference Number........................................Nominee ref. number (if more than one)..........

Details of Treatment of Cremated Remains (to be filled out by Director of Funeral Home)

To the best of my knowledge decedent has not been embalmed, or has been embalmed only with nontoxic chemicals. Caskets, Cremation containers and Urns are biodegradable and were made from materials that are nontoxic.

Full Legal Name........................................................................
Signature...............................................................................................
Contact Information..............................................................................

Applicant Details

Please state relationship to the deceased ........................................
Address...........................................................................................
Telephone .....................................................................................Date ..................................................

Signature of Applicant

I acknowledge that O.U.R. Commemorative Conservation Ground’s terms and conditions apply
Sign here X ...........................................(please print name) ...........................................

Please attach: [The Scattering cannot proceed if we have not received these]
☐ Cremation Certificate
☐ Completed Application Form and Certificate
☐ $150 Administrative Fee paid to O.U.R. Community Association

O.U.R. Commemorative Conservation Grounds
WAIVER AND RELEASE OF LIABILITY, and PHOTOGRAPHIC RELEASE

Note: Please complete on day of scattering (intended for those whom activities at O.U.R. ECOVILLAGE are limited to scattering of cremated remains only)

I am aware that construction activities, building materials, hand and power tools, and any work sites can be dangerous and there is a serious risk of personal injury.

I acknowledge that O.U.R. ECOVILLAGE, Cobworks, Elke Cole, Brandy Gallagher, Trent Berg, and the apprentices, interns, staff, students and residents of these organizations are not responsible for my personal injury caused as a result of the use, misuse, malfunction, attempt to repair or any other operation of hand or power tools, working with animals, machines or as a result of any activities which I may be involved in through any aspect of OUR Ecovillage(on or off site). I undertake these activities at my own risk and acknowledge that these organizations and individuals cannot be held liable whatsoever for these activities.

I realise that during my time at O.U.R. Ecovillage, I may be included in photographs or video taken by residents, other course participants, visitors or members of the press. I authorise the use by O.U.R. Ecovillage of any photographs taken of me during my time at O.U.R. Ecovillage for use in promotional materials, including print and online, that support O.U.R. Ecovillage in building community and marketing courses or events.

SIGNATURE: ___________________________ PRINT NAME: ___________________________

Date: ________________________________ WITNESS: ___________________________

O.U.R. Ecovillage
www.ourecovillage.org