

Yosemite National Park

Cremated Remains Scattering Application

National Park Service
U.S. Department of the Interior

Yosemite National Park
P.O. Box 577
Yosemite, CA 95389



Instructions:

There is no fee required to apply for a letter of authorization to scatter human cremated remains.

1. Complete the attached application and email to:

Yose_special_use_permits@nps.gov

Note: Subject line should be Cremated Remains Scattering

2. Please take note regarding the following sections on the attached application form.

- **“Social Security or Tax ID”** leave blank. This information is not required for this activity.
- **“Street/Address”** Enter mailing address.
- **“Proposed activity”** Enter the name of the person whose ashes will be scattered. (You may also include their relationship to you.)
- **“Preferred Date, Location and Time”** Information is optional.
- **“Maximum Number of Participants”** Enter the number of people you expect to attend the event.
- **“List of equipment”**: Leave blank. The activity should be kept to a minimum with little to no use of equipment (tents, tables, chairs etc.). Contact the Office of Special Park Uses for information on equipment that may be authorized for outdoor events.
- **Payment**: Disregard any references to making a payment. There is no fee for this application.

3. Once the application is received by this office, and after favorable review, a letter of authorization will be mailed to applicant. Please allow up to 30 days for your letter of authorization to be processed and mailed. If the date planned for the activity needs to occur sooner than **30 days**, contact the Office of Special Park Uses by phone at **(209) 372-0459** after emailing the application to yose_special_use_permits@nps.gov. (A separate Special Event permit may be required for large gatherings for memorial services or celebration of life events.)

4. The scattering ashes letter provides formal permission to scatter cremated remains within the boundary of Yosemite National Park, provided the following conditions are honored:

- The scattering of cremains is accomplished out of the sight of any public use areas including roads, walkways, trails, and parking areas.
- All such activity occurs at least 100 yards from any water source or creek bed running or dry.
- Cremains are spread over an area large enough that no single portion is accumulated in one place. The cremation identification disc must be removed and not left with the ashes.
- No marker of any kind is left to commemorate the event. The Yosemite Chapel maintains a **Book of Memories** in which the name may be entered in honor of their life and love of Yosemite. Please call the Chapel secretary at **(209) 372-4831** or email YosemiteChapel@sbcglobal.net for further information.

(Note: The state in which the death occurred has jurisdiction over human remains. Therefore, permission is required from the state for the disposition of the human remains. Contact your funeral director or the county registrar from the county where the death occurred for more information regarding state requirements.)

For more information please email yose_special_use_permits@nps.gov or phone 209-372-0459 during regular business hours, Monday – Friday, 8am-5pm, Pacific Time.

**National Park Service
 Yosemite National Park
 P.O. Box 577, Yosemite, CA 95389
 Tel: 209-372-0459, Fax: 209-372-0130**



**Application for Special Use Permit
 (Cremated Remains Scattering)**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of **\$N/A** must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured.

| | |
|---------------------------------|---------------------|
| Applicant Name: | Telephone #: |
| Organization Name: NA | Cell phone #: |
| Social Security or Tax ID #: NA | Fax#: |
| Street/Address: | Email: |
| City/State/Zip Code: | |

Proposed activity: To scatter the ashes of

| Preferred Date | Preferred Location | Preferred Time |
|-------------------|-----------------------|-------------------|
| Alternate Date(s) | Alternate Location(s) | Alternate Time(s) |
| | | |
| | | |
| | | |

Alternatives will be considered if first choice is not available.

Maximum Number of Participants _____ **Maximum Number of Vehicles** _____

List of equipment *(i.e. tables, chairs, grills, sound system, etc.)*

Individual in charge of activity onsite (include cell phone number) and authorized to make decisions related to the permitted activity: _____

Have you visited the requested area? Y N
 Is this an exercise of a First Amendment rights? Y N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature: _____ Date: _____

Note: This is an application only, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application to **Office of Special Park Uses – Cremated Remains** at the Park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will be sent to you. The permit must be signed by the Park Superintendent before the permitted activity may begin.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 15 minutes per response, including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street, NW (1237), Washington, D.C. 20240.

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.