

Shipping Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Person Calling: \_\_\_\_\_

Receiving Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Person Calling: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Weight (including coffin and container: \_\_\_\_\_

Cost: \_\_\_\_\_ Prepaid or Collect: \_\_\_\_\_

Container (Airtray or Combo): \_\_\_\_\_

Routing: \_\_\_\_\_ To: \_\_\_\_\_

Flight Desired: \_\_\_\_\_ Date: \_\_\_\_\_

*Request delivery to station 2 hours before departure.*

Interline Space Desired: \_\_\_\_\_ to: \_\_\_\_\_ Connection to: \_\_\_\_\_

I.D. Verification Required: \_\_\_\_\_

Government Issued I.D. Number: \_\_\_\_\_

Remarks: *Include information on type of container. SUGGEST USE OF CMAS CONTAINER. If CMAS container, note time and date requested from control station. Include information on surface connections if necessary.*

**The shipper has declared in writing** that the contents of the cargo container are: human organs, human organ by-products, human blood, human blood by-products, emergency life-saving drugs, or human remains, and offered by a shipper such as a hospital, medical research institute, or funeral director, in which case the contents of the container and bona fides of the shipper must be verified by Frontier by contacting the shipper at the telephone number appearing on the cargo declaration.

Frontier **obtains an SSE. The consent to search portion in the SSE may be deleted by striking out and initialing** the consent-to-search clause in the standard SSE.