Byron-Brentwood-Knightsen Union Cemetery District

An Independent California Special District

11545 Brentwood Blvd. / P. O. Box 551 • Brentwood, CA 94513 • 925-634-4748

INTERMENT ORDER FOR CREMATION PLACEMENT

To: ***BBKUCD:*** Today's Date_____

You are hereby authorized and instructed, subject to District rules and regulations, to inter the remains of _____.

Section_____Block /Niche_____Lot _____.

Time of service_____ AM/PM Date of service _____

Funeral Director_____ Service? Yes or No

Please read and acknowledge the following by initialing:

1. Food, drinks, tent, chairs, table etc., are strictly prohibited_____.
2. Persons may arrive no sooner than 30 minutes before the scheduled start time of the service and will have up to 30 minutes after scheduled start time, before the closing of the site_____.
3. If Police services are required, I am responsible for all charges incurred_____.
4. FOR ALL BURIALS: The California burial permit must have the District's correct name and address in box 12A.
   Union Cemetery _____.
   11545 Brentwood Blvd.
   Brentwood, CA 94513
5. I understand that if I fail to provide the proper California burial permit at the service, the burial will not take place_____. An additional opening and closing charge will apply to re-open the grave _____.
6. All cremation / niche burials will be closed 30 minutes from scheduled start time _____.

***** BY SIGNING BELOW, I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE THE RIGHT TO MAKE THESE ARRANGEMENTS AND WILL ABIDE BY ALL CURRENT AND FUTURE DISTRICT POLICIES*****

Further, I certify that I am the _____ (NEXT OF KIN / EXECUTOR) of the above-named decedent and that I have legal authority to control the disposition of the remains of the Decedent pursuant to Health & Safety Code Section 7100. I agree on behalf of myself, heirs, successors and assigns to hold harmless and indemnify BBKUC, and its officers, employees, agents, successors, and assigns, from any and all claims, suits, losses, damages, and expenses, including but not limited to attorney's fees, arising from or related to the authorizations referenced herein and the disposition of the remains of the Decedent.

I certify and represent under perjury that I have exerted all reasonable efforts to find others who may have an equal or higher claim to use said Interment Right and I am not aware, to the best of my knowledge, of any opposition to this use of these Interment Rights according to laws of intestate succession as set forth in Section 6400 to 6413, inclusive of the California Probate Code. I understand that a second burial will not be allowed in this grave without the consent of the original purchaser unless the burial has been contracted for in advance of the first burial.

Signature_____Print Full Name_____

Email Address_____Address _____

City, State Zip_____Phone_____

Please complete, to the best of your knowledge, pertaining to the Deceased.

Veteran Y or N Branch_____ Rank_____War Service_____

Date of Birth_____ City_____ State_____

Date of Death_____ City_____ State_____

Years in the area_____ Immediate family_____

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