

Byron-Brentwood-Knightsen Union Cemetery District

An Independent California Special District

11545 Brentwood Blvd. / P. O. Box 551 • Brentwood, CA 94513 • 925-634-4748 • Fax: 925-634-9783

INTERMENT ORDER FOR FULL GRAVE

To: **BBKUCD:**

Today's Date _____

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

Block /Niche _____ Tier/Section _____ Lot _____.

Time of service _____ AM/PM Date of service _____

Funeral Director _____ Service? Yes or No

Please read and acknowledge the following by initialing:

1. **OPENING OF A CASKET ON DISTRICT PROPERTY IS STRICTLY PROHIBITED** _____
2. Food, drinks, tent, chairs, table etc., are strictly prohibited _____.
3. Approved graveside witnessing: Persons may arrive no sooner than one hour before the scheduled start time of the service and have up to one hour after scheduled start time, before the lowering of the casket _____
4. Persons are not permitted in the lawn area once the closing of the grave has commenced _____
5. If Police services are required, I am responsible for all charges incurred _____.
6. **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
7. 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 _____.
8. The District may require up to eight pall bearers. I will be responsible for providing up to six pall bearers depending on the weight of the casket and section of the burial _____

***** 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 BBKUCD, 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 _____