

# 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 CREMATION PLACEMENT

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. 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 \_\_\_\_\_