

Alamo-Lafayette Cemetery District

An Independent California Special District

3285 Mt. Diablo Blvd. / P. O. Box 1955 • Lafayette, CA 94549-1955 • 925-284-1353 • Fax: 925-284-4144

INTERMENT ORDER FOR GRAVE

To: Alamo-Lafayette Cemetery District:

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

Block /Niche _____ Tier _____ Lot _____ of _____ Cemetery.

Time of service _____ AM/PM Date of service _____

Funeral Director _____ Service? Yes or No

Graveside witnessing (lawn sections only) 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. The District may require up to six pall bearers. I will be responsible for providing up to four pall bearers depending on the weight of the casket and section of the burial _____
7. FOR ALL BURIALS: The California burial permit must have the District's name and address in box 12A. Both pages of the permit must be presented to the grounds-man, at the time of placement _____
8. 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 _____.

***** 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 Alamo-Lafayette Cemetery District, 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 _____

Address _____

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 _____
