

INTERMENT ORDER

1. Deceased's Full Name: _____
2. Date of Birth: _____
3. Date of Death: _____
4. Veteran: Yes: No: Branch of Military Service: _____
5. District Property Owner and/or Resident: Yes: No:
6. Eligible Non-District Resident: Yes: No:
7. Address or APN of property located within Mary's Cemetery District Boundaries:

8. Name of Family buried at Mary's: _____
9. Relationship of Deceased to Family buried at Mary's: _____
10. Will COIR be in Deceased's name: Yes: No:
11. Whose name is/will be on COIR: _____
12. Family Member who is handling arrangements:
Name: _____
Address: _____

Relationship to the Deceased: _____
Phone numbers/email: _____

13. Mortuary handling: _____
14. Date of Service: _____
15. Time of Service: _____
16. Full burial or cremated remains
17. Size of vault or urn: _____
18. Chosen burial site: _____

I hereby certify that I, _____, am the _____ of the above-named Decedent and give my consent to Mary's Cemetery District to make disposition of the remains of the Decedent as named and indicated above. I hereby certify and represent under penalty of perjury, that all the above stated information is true and correct. I also certify that I have the right to make this authorization and the decedent is eligible for burial in Mary's Cemetery District under provisions of the California Health and Safety Code. I agree to hold Mary's Cemetery District harmless from liability from account of said authorization and interment. I further certify that I have been given a copy of Mary's Cemetery District's Policy Statement with an effective date of January 16, 2018:

Signature: _____

Printed name: _____

Date: _____

Mary's Cemetery District
P.O. Box 16, Yolo, CA 95697
(530) 662-9221 – message only
Email: maryscemetery@gmail.com

form effective 2/13/18