



**INTERMENT ORDER**

**NAME OF DECEDENT** \_\_\_\_\_  
\_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
**CITY, STATE,** \_\_\_\_\_  
**ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_  
**( )** \_\_\_\_\_

**TO ROSEVILLE PUBLIC CEMETERY DISTRICT**

You are hereby authorized and instructed, subject to your rules and regulations, to inter the **remains/cremains** of \_\_\_\_\_,  
**SECTION:** \_\_\_\_\_, **BLOCK:** \_\_\_\_\_, **LOT/ROW:** \_\_\_\_\_, **GRAVE(S):** \_\_\_\_\_,

in a vault/liner furnished by (if applicable) \_\_\_\_\_  
**RELATIONSHIP** to 1st Placement or Owner of Grave(s) \_\_\_\_\_  
Funeral Director \_\_\_\_\_  
Address \_\_\_\_\_

Time of Service \_\_\_\_\_, Date \_\_\_\_\_,  
Day \_\_\_\_\_  
Place \_\_\_\_\_

I hereby certify that I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of the **remains/cremains** of said decedent as above indicated. I hereby certify and represent that I have the right to make this authorization, that the decedent is eligible for burial in a cemetery in the *ROSEVILLE PUBLIC CEMETERY DISTRICT* under the current provisions of the CALIFORNIA HEALTH AND SAFETY CODE, and I agree to hold the *ROSEVILLE PUBLIC CEMETERY DISTRICT* harmless from liability on account of said authorization of interment.

In the event of suit brought against the *ROSEVILLE PUBLIC CEMETERY DISTRICT* as a result of the agreement, I/we agree to provide legal defense for the District to the suit at no cost to the District, and to pay any judgment against the District arising from such suit.

**RESIDENCE VERIFICATION:** \_\_\_\_\_

NAME \_\_\_\_\_ **SIGNATURE (X** \_\_\_\_\_ **)**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ DATE \_\_\_\_\_