**Hopland Cemetery District**

**Interment Order and Authorization**

**PO Box 425, Hopland, California 95449**

**hoplandcemetery@gmail.com**

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the cemetery performing the interment, payment in full has been made and a California burial permit has been received by the District.

The undersigned hereby request and authorize the HOPLAND CEMETERY DISTRICT in accordance with and subject to its rules and regulations to inter the remains of:

**Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ DOD: \_\_\_\_\_\_\_\_\_\_\_\_**

**Last residing at: Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sate: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will Mortuary Carry Payment: Y N PRE-PAID**

**DISTRICT RESIDENT: Y N SEX: M F VETERAN: Y N BROCHURE RULES: Y N**

**INTERMENT: Regular Burial (\_\_\_) Double Depth (\_\_\_) Standard Liner (\_\_\_) Vault (\_\_\_)**

**Cremation (\_\_\_) \_\_\_\_\_\_\_x\_\_\_\_\_\_\_x\_\_\_\_\_\_\_ Urn made of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cemetery Service: Graveside with set up: \_\_\_\_\_ Direct interment with no set up: \_\_\_\_\_ Pall Bearers: Y N**

Funeral Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Funeral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notes**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the HOPLAND CEMETERY DISTRICT to make disposition of the remains of the deceased as indicated above. I hereby certify and represent under penalty of perjury, that I have the right to make this authorization, that the decedent is eligible for burial in the HOPLAND CEMETERY DISTRICT of Mendocino County under the current provisions of the California Health and Safety Code, and I agree to hold HOPLAND CEMETERY DISTRICT harmless from liability on account of said authorization and interment. Further, the undersigned agree that the cemetery shall have the right to correct any error in this interment, at its own expense, without liability for such error.

**AUTHORIZED REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**Next of Kin Information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Relationship to Deceased**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Phone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

ORDER TAKEN BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERMENT ORDER #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEMETERY LOCATION: RRCD Block: \_\_\_\_\_\_\_\_\_\_ Lot: \_\_\_\_\_\_\_\_\_\_ Grave: \_\_\_\_\_\_\_\_\_\_