

TWENTYNINE PALMS PUBLIC CEMETERY DISTRICT
ORDER FOR INTERMENT

Date: _____

Subject to your rules, conditions, regulations, and under penalty of perjury, you are hereby authorized to make the following disposition of the remains of: _____

Liner: ____ **Vault:** _____ **Furnished by:** Twentynine Palms Public Cemetery

Inter in Section: _____ **Lot:** ____ **Grave:** _____

Funeral Director: _____

Address: _____

Time of Funeral: _____ **Place:** 29 Palms Public Cemetery

Day: _____

Remarks:

I, _____, declare under penalty of perjury that the following is true and correct. I am the _____ of the above named decedent and have the right to control the disposition of the remains of said decedent. This is your authority to make disposition as indicated above and I certify that the decedent is eligible for burial in this District Cemetery under the current provisions of the California Health and Safety Code. I hereby agree to protect and indemnify Twentynine Palms Public Cemetery District and/or its assigns, against any claims for damages, which may result because of this authorization or my failure to properly identify remains. I hereby authorize the above interment:

Signature: _____ **Address:** _____

Print Name: _____