

Davis Cemetery District
820 Pole Line Rd.
Davis, CA 95616
530-756-7807 * FAX 530-756-7850

Interment Authorization

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____
last residing at _____
in the Davis Cemetery in section _____ plot _____ in a single/double
depth concrete vault.
funeral director: _____ address: _____
time of graveside service: _____ date: _____
remarks: _____

I hereby certify that I am the (relationship to decedent) _____
of the above named decedent and this is your authority to make a
disposition of the remains of said decedent 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 Davis
Cemetery under the current provisions of the California Health and Safety
Code. I understand that ALL fees, including overtime, must be paid in full
before any services associated with burial rights are rendered. I agree to
hold the Davis Cemetery District harmless from liability on account of said
authorization and interment.

SIGNATURE: _____

NAME: _____

ADDRESS: _____

(on behalf of the Davis Cemetery District)