ORLAND CEMETERY DISTRICT

INTERMENT REQUEST FORM

Please e-mail to: Orlandcemdist@gmail.com | Fax: (530) 865-8831

Today's Date: 09/01/2026

SECTION 1 | DECEASED INFORMATION

Full Legal Name of Decedent: DOB:

Full Address of Decedent:

City, State and Zip Code:

Proof of residency must be based on decedent.

☐ Resident ☐ Non-Resident

Supporting documentation accepted by the district, as applicable:
Mortgage Bill | Utility Bill | California Driver's License | Cell/Phone Bill | Vehicle Registration
Bank Statement | Property Tax Billing | U.S. Passport | California I.D.

Place of Death:

Next of Kin/Informant Name:

Address:

Contact Number:

Was the Deceased a Veteran? ☐ Yes ☐ No ☐ DD214 Provided

Branch of Service (if yes):

Other Family Members Interred in the Orland Cemetery District? ☐ Yes ☐ No ☐ Unknown

☐ IOOF Cemetery ☐ Old Catholic ☐ New Catholic ☐ Masonic ☐ Graves

If Yes, Please List Names (if known):

SECTION 2 | BURIAL DETAILS

Requested Burial Date:

Burial Time:

Burial Location (IOOF, Masonic, Graves, Catholic): ☐ New Plot

Funeral Service Location ☐ Church ☐ Catholic Mass ☐ Direct Burial

Interment Service Location ☐ Grave Site ☐ Gazebo

Type of Burial ☐ Full Burial ☐ Cremation Burial ☐ Infant Burial

Is this a Pre-Paid Plot? ☐ Yes ☐ No ☐ Unknown

SECTION 3 | MORTUARY INFORMATION

Mortuary Name:

Contact Person:

Phone Number:

Email Address:

Address:

City, State and Zip Code: