ORLAND CEMETERY DISTRICT

INTERNMENT REQUEST FORM

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

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: _____