



# MONO COUNTY DEPARTMENT OF PUBLIC WORKS

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## INTERMENT ORDER AND AUTHORIZATION FORM MONO COUNTY CEMETERIES

Cemetery? Mount Morrison  Mono Lake  Bridgeport

Section: \_\_\_\_\_ Plot Number: \_\_\_\_\_ Family Plot Last Name: \_\_\_\_\_

Full / Legal Name of Deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Veteran? Yes  No

Type of Outer Burial Container? Casket  Urn Vault

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Telephone: \_\_\_\_\_ Director: \_\_\_\_\_

Graveside Services? Yes  No

If yes, Time and Date: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

*THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE THE LEGAL CUSTODIAN(S) OF THE HEREIN NAMED DECEASED, HAVING THE FULL LEGAL AUTHORITY TO DIRECT THE INTERMENT OF THE REMAINS OF THE DECEASED, AND HEREBY AUTHORIZED THE DISPOSITION OF THE REMAINS OF THE DECEASED AS INDICATED ABOVE. THE UNDERSIGNED HEREBY FURTHER CERTIFY AND REPRESENT THAT THEY ARE THE OWNER(S) OR AUTHORIZED REPRESENTATIVE(S) OF THE OWNER(S) OF THE ABOVE DESCRIBED INTERMENT RIGHTS AND HEREBY AUTHORIZE USE OF SAID INTERMENT RIGHTS FOR THE INTERMENT OF THE HEREIN NAMED DECEASED. THE DEPARTMENT OF PUBLIC/CEMETERY AUTHORITY, ON BEHALF OF THE COUNTY OF MONO IS HEREBY AUTHORIZED TO APPROVE THE INSTALLATION OF ANY OUTER BURIAL CONTAINER PURCHASED IN CONNECTION WITH THE INTERMENT IN THE INTERMENT RIGHT DESCRIBED HEREIN.*

*THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS THE COUNTY OF MONO, DEPARTMENT OF PUBLIC WORKS/CEMETERY AUTHORITY, AND EMPLOYEES FROM ANY AND ALL LIABILITY, INCLUDING REASONABLE ATTORNEY FEES, AND AGAINST ANY LOSS IT OR ANY OF THEM MAY SUSTAIN IN CONNECTION WITH THE INTERMENT AUTHORIZED HEREUNDER, FURTHER, THE UNDERSIGNED AGREES THAT THE COUNTY OF MONO, DEPARTMENT OF PUBLIC WORKS/CEMETERY AUTHORITY SHALL HAVE THE RIGHT TO CORRECT ANY ERROR IN THIS INTERMENT CAUSED BY THE COUNTY OF MONO, DEPARTMENT OF PUBLIC WORKS/CEMETERY AUTHORITY, AT ITS OWN EXPENSE, WITHOUT ANY LIABILITY FOR SUCH ERROR*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**Send or deliver** completed form along with Death Certificate and Disposition of Remains Form to the Department of Public Works, Attn; Cemetery Administrator