

☐ Return

☐ Assignment

☐ Disinterment

Change Order Form

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PATRON / PROPERTY OWNER INFORMATION

Name(s): _____

Address: _____

Phone: _____ Email: _____

Cemetery: _____ Location: _____

Orig. Contract # _____ Contract Amount: _____ Contract Balance: _____

REASON FOR CHANGE ORDER

RETURN OF CEMETERY PROPERTY / GOODS & SERVICES / CHANGE ORDER FEES

ITEMS TO BE RETURNED

Item Code

Description

Extended Price (incl. tax)

DEDUCTIONS

Gift Amount: _____

Admin/Return Fees: _____

Credits/Discounts: _____

APPLY CREDIT (IF APPLICABLE)

☐ New Contract

☐ Existing Contract

☐ Refund

TOTAL TO BE RETURNED: _____

TOTAL DEDUCTIONS: _____

CREDIT/BALANCE: _____

PROPERTY ASSIGNMENT

☐ Transfer of Ownership

☐ Release of Interest

☐ Donation _____

ASSIGNEE INFORMATION

Name(s): _____

Address: _____

Phone: _____ Email: _____

ASSIGNEE SIGNATURE: _____ DATE: _____

ASSIGNEE SIGNATURE: _____ DATE: _____

DISINTERMENT

Decedent(s): _____

Place of Final Disposition: _____

CFCS Re-Interment Location: _____ Cemetery: _____

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PATRON / OWNER AUTHORIZATION

RETURN / EXCHANGE

PATRON: I (We) certify that I (we), the undersigned, am (are) the recorded owner(s) of the interment rights as represented by the Right of Interment Certificate/ Certificate of Burial Rights for the Cemetery and Property listed above. I (We) do hereby and forever quitclaim all right, title, interest, use trust, claim, and demand whatsoever both in law and equity, which I (we) may have had in the above mentioned cemetery location, services, and/or merchandise so that I (we), my (our) heirs or assigns shall or will hereafter have no claim, challenge, or demand any right, title, or interest whatsoever to this property. I (We) agree to hold the Roman Catholic Cemeteries, Catholic Funeral & Cemetery Services of the Diocese of Sacramento (**cfcs**) free and harmless from any liability by reason of this assignment.

DISINTERMENT

OWNER: I (We), the undersigned hereby certify and represent that I am (are) the legal custodian of the remains and have the right to make this authorization. I(We) also further agree to hold the Roman Catholic Cemeteries, Catholic Funeral & Cemetery Services of the Diocese of Sacramento (**cfcs**) free and harmless from any liability on account of said authorization, disinterment, removal and re-interment.

PATRON / OWNER SIGNATURE: _____

DATE: _____

PATRON / OWNER SIGNATURE: _____

DATE: _____

NOTARY PUBLIC

In witness whereof, I declare that the signatory(s) herewith reach and signed this document before me on this _____ day of _____ .

☐ NOTARY SIGNATURE: _____

DATE: _____

CFCS REPRESENTATIVE

FAMILY SERVICE COUNSELOR/DIRECTOR: _____

FSC/FSD SIGNATURE: _____

DATE: _____

MANAGER SIGNATURE: _____

DATE: _____

PACKAGE CHECKLIST

☐ Original Contract

☐ Death Certificate

☐ Cash Receipt for Outstanding Balance

☐ Signed / Notarized Release

☐ Donation Letter

☐ Statement of Due Diligence Form

☐ Evidence of Burial in a CFCS Cemetery

☐ New / Existing Contract for Application of Credit