

☐ 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