



HOLY NAME CEMETERY

Archdiocese of Newark – Catholic Cemeteries
823 West Side Avenue, Jersey City, NJ 07306
Office: (201) 433-0342 – Fax: (201) 433-5526

Interment Authorization (PLEASE PRINT AND COMPLETE IN FULL)

Date of Interment: _____ Time: _____ Priest: _____ Parish: _____

Deceased: _____ Funeral Home: _____

Address: _____ E-Mail Address: _____ Telephone: _____

Vault Company: _____ Telephone: _____

- | | | | | | |
|---------------------------------------|---|---|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Cement Vault | <input type="checkbox"/> Fiberglass Vault | <input type="checkbox"/> Urn/Urn Vault | <input type="checkbox"/> Zinc Liner | <input type="checkbox"/> One Deep | <input type="checkbox"/> Three Deep |
| <input type="checkbox"/> Steel Vault | <input type="checkbox"/> Casket Only | <input type="checkbox"/> Mausoguard/KryproTec | <input type="checkbox"/> Tent | <input type="checkbox"/> Two Deep | |

Location:
Block: _____ Section: _____ Number: _____ Open Grave/Crypt #: _____ With Interment of: _____

Original Certificate Holder: _____

Certificate of Right of Interment must be presented for each interment.

(For Cemetery Office Use Only)

Deed #: _____ Date: _____ Location: _____ Owner: _____

WE ACCEPT MASTERCARD, VISA, DISCOVER AND AMEX

IF ORIGINAL CERTIFICATE HOLDER IS LIVING

I/We, the undersigned, Original Holder(s) of Certificate of Interment/Entombment of Grave/Crypt(s) in Block _____ Section _____ Number _____ Open Grave/Crypt # _____ hereby authorizes Holy Name Cemetery to inter the remains of _____ in said location.

Signature: _____ Print: _____

Address: _____ E-Mail: _____ Telephone: _____

Signature: _____ Print: _____

Address: _____ E-Mail: _____ Telephone: _____

Witness (Funeral Director): _____

_____ As original Certificate Holder, authorization is also given for Inscription/Monument/Floral work.

IF ORIGINAL CERTIFICATE HOLDER IS DECEASED, ALL RIGHTFUL HEIRS MUST SIGN.

I/We, the undersigned, Rightful Holder(s) of Certificate of Interment/Entombment of Grave/Crypt(s) in Block _____ Section _____ Number _____ in the name of (original holder) _____ deceased, hereby authorizes Holy Name Cemetery to inter the remains of _____ in said location. (Should you need additional signature lines, please duplicate form.)

Signature: _____ Print: _____ Date: _____

Address: _____ E-Mail: _____ Telephone: _____

Signature: _____ Print: _____ Date: _____

Address: _____ E-Mail: _____ Telephone: _____

Witness (Funeral Director): _____

_____ As Certificate Holder/Rightful Heir, authorization is also given for Inscription/Monument work.

Deponent(s) further promise to hold the Roman Catholic Archdiocese of Newark harmless from any loss or claim arising from reliance upon the information contained herein.