



**MARYREST CEMETERY**  
 Archdiocese of Newark – Catholic Cemeteries  
 770 Darlington Avenue, Mahwah, NJ 07430  
 Office: (201) 327-7011 – Fax: (201) 236-3842

**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: \_\_\_\_\_

- Cement Vault     Fiberglass Vault     Urn/Urn Vault     Zinc Liner     One Deep     Three Deep  
 Steel Vault     Casket Only     Mausoguard/KryproTec     Tent     Two Deep

Location: \_\_\_\_\_  
 Section: \_\_\_\_\_ Block: \_\_\_\_\_ Tier: \_\_\_\_\_ 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 Section \_\_\_\_\_ Block \_\_\_\_\_ Tier \_\_\_\_\_ Number \_\_\_\_\_ Open Grave/Crypt # \_\_\_\_\_ hereby authorizes Maryrest 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 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 Section \_\_\_\_\_ Block \_\_\_\_\_ Tier \_\_\_\_\_ Number \_\_\_\_\_ Open Grave/Crypt# \_\_\_\_\_ in the name of (original holder) \_\_\_\_\_ deceased, hereby authorizes Maryrest 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.