



SAINT GERTRUDE CEMETERY
 Archdiocese of Newark – Catholic Cemeteries
 53 Inman Avenue, Colonia, NJ 07067
 Office: (732) 388-0311 – Fax: (732) 388-6834

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: _____ 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 Block _____ Section _____ Tier _____ Number _____ Open Grave/Crypt # _____ hereby authorizes Saint Gertrude 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.**

Int.

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 _____ Tier _____ Number _____ in the name of (original holder) _____ deceased, hereby authorizes Saint Gertrude 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.**

Int.

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.