



GATE OF HEAVEN CEMETERY & MAUSOLEUM

Archdiocese of Newark – Catholic Cemeteries
225 Ridgedale Avenue, East Hanover, NJ 07936
Office: (973) 887-0286 – Fax: (973) 887-3410

Interment Authorization (PLEASE PRINT AND COMPLETE IN FULL)

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

Deceased: _____ Funeral Home: _____

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

City, State, Zip: _____

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 Gate of Heaven 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 _____ in the name of (original holder) _____ deceased, hereby authorizes Gate of Heaven 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.