Reset Form

MT. CARMEL CEMETERY

Archdiocese of Newark - Catholic Cemeteries
10 Serpentine Road, Tenafly, NJ 07670
Office: (201) 569-8727 / Fax: (201) 569-1567

Interment Authorization

(PLEASE PRINT AND COMPLETE IN FULL)

Deceased: _____

Date of Interment:_____ Arrival Time: _____ Mass Time: _____Parish:_____

Funeral Home: _____ Telephone: _____

Address: _____

E-Mail: _____

Vault Company: _____ Telephone: _____

☐ Cement Vault ☐ Steel Vault ☐ Fiberglass Vault ☐ Casket Only ☐ Urn/Urn Vault ☐ MausoGuard/Krytotek ☐ Cherub ☐ Tent

Full Location of Grave, Crypt, Niche: _____ Depth: _____ (1,2,3)

To be interred with: _____ Original Certificate Holder: _____

Presentation of Certificate of Right of Interment Will Also Serve as Presentation For Monument Work.

(For Cemetery Office Use Only)

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

Please check one: ☐ **ORIGINAL HOLDER IS LIVING** ☐ **ORIGINAL HOLDER IS DECEASED (All heirs to sign)**

I/We, the Original Certificate Holder(s), or all heir(s) of the original Certificate Holder, hereby authorizes the opening of _____ (Full Location of Grave, Crypt, Niche) to inter the remains of _____ (Name of Deceased) in said location.

Print Name: _____ Signature: _____

Address: _____

E-Mail: _____ Telephone: _____

Print Name: _____ Signature: _____

Address: _____

E-Mail: _____ Telephone: _____

Print Name: _____ Signature: _____

Address: _____

E-Mail: _____ Telephone: _____

Print Name: _____ Signature: _____

Address: _____

E-Mail: _____ Telephone: _____

Witness: _____ (Funeral Director)

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.