



# HOLY CROSS CEMETERY

Archdiocese of Newark – Catholic Cemeteries  
340 Ridge Road, North Arlington, NJ 07031  
Office: (201) 997-1900 – Fax: (201) 997-6664

## 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:  
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 Holy Cross 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 Holy Cross 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.