



**CHRIST THE KING CEMETERY**  
Archdiocese of Newark - Catholic Cemeteries  
980 Huron Road, Franklin Lakes, NJ 07417  
Office: (201) 891-9191 / Fax: (201) 891-3329

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

- |                                       |                                           |                                             |                                 |
|---------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------|
| <input type="checkbox"/> Cement Vault | <input type="checkbox"/> Fiberglass Vault | <input type="checkbox"/> Urn/Urn Vault      | <input type="checkbox"/> Cherub |
| <input type="checkbox"/> Steel Vault  | <input type="checkbox"/> Casket Only      | <input type="checkbox"/> Mausoguard/Kryotek | <input type="checkbox"/> Tent   |

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

To be interred with: \_\_\_\_\_ Original Certificate Holder: \_\_\_\_\_

*(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 \_\_\_\_\_ to inter the remains of \_\_\_\_\_ in said location.  
(Full Location of Grave, Crypt, Niche) (Name of Deceased)

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.