



GATE OF HEAVEN CEMETERY
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)

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.