



**HOLY SEPULCHRE CEMETERY**  
**Archdiocese of Newark - Catholic Cemeteries**  
**125 Central Avenue, East Orange, NJ 07018**  
**Office: (973) 678-3757 / Fax: (973) 678-7109**

**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/Kryptotek | <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 \_\_\_\_\_  
(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.