



ST. GERTRUDE CEMETERY
Archdiocese of Newark - Catholic Cemeteries
53 Inman Avenue, Colonia, NJ 07067
Office: (732) 388-0311 / Fax: (732) 388-6834

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/Krytotek | <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.