



**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)**

Deceased: \_\_\_\_\_

Date of Interment: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Mass Time: \_\_\_\_\_ Parish: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Vault Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

☐ Cement Vault  
☐ Steel Vault

☐ Fiberglass Vault  
☐ Casket Only

☐ Urn/Urn Vault  
☐ Mausoguard/Kryptotek

☐ Cherub  
☐ Tent

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

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

-----  
**(For Cemetery Office Use Only)**

\_\_\_\_\_ **(Int.)**

**Cert.#:** \_\_\_\_\_ **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.