



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: _____ / / _____ / / _____ Parish: _____
Date of Birth Date of Death

Date of Interment: _____ / / _____ Arrival Time: _____ Mass Time: _____
(i.e. 10:00) (i.e. 10:00)

Funeral Home: _____ Tel. _____
(i.e. 9734974000) Do not use spaces

Address: _____

Email: _____

Vault Company: _____ Tel. _____
(i.e. 9734974000) Do not use spaces

Vault
Casket Only

Urn/Vault
MausoGuard

Urn
Kryprotek

Cherub

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 agree to hold harmless, and to defend and indemnify, the Roman Catholic Archdiocese of Newark and its officers, employees, representatives and agents from any loss or claim arising from reliance upon the information contained herein.