

GATE OF HEAVEN CEMETERY

Archdiocese of Newark - Catholic Cemeteries 225 Ridgedale Avenue, East Hanover, NJ 07936 Office: (973) 887-0286 / Fax: (973) 887-3410

E-mail: GH.eprocess@rcan.org

Interment Authorization

(PLEASE PRINT AND COMPLETE IN FULL)

Deceased:			Parish:		
				Mass Time:	
Funeral Home:					
Address:					
				734974000) 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:		Origin	Original Certificate Holder:		
		(For Cemetery Of	fice Use Only)	(Int.)	
Cert.#	Date:	Location:	Owner:		
Please check		GINAL HOLDER IS LIVING		DECEASED (All heirs to sign)	
		older(s), or all heir(s) of the origition	f	in said location	
·	on of Grave, Crypt,	Niche)	(Name of Deceased)		
Print Name:					
Address:E-Mail:			Telephone:		
Print Name:			Signature:		
Address:E-Mail:			Telenhone:		
Print Name:					
Address:					
E-Mail:			Telephone:		
Print Name:			Signature:		
Address:			Talanhanas		
E-IVIAII:					
			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.