Reset

HOLY CROSS CEMETERY

Archdiocese of Newark - Catholic Cemeteries
340 Ridge Road, North Arlington, NJ 07031
Office: (201) 997-1900 / **Fax:** (201) 997-6664
E-mail: HC.eprocess@rcan.org

Interment Authorization

(PLEASE PRINT AND COMPLETE IN FULL)

Deceased: _____ __/__/____ (Date of Birth) __/__/____ (Date of Death) Parish: _____

Date of Interment: Select day. _____/__/____ Arrival Time: _____ (i.e. 10:00) Mass Time: _____ (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 Type ☐ Urn/Vault ☐ Urn ☐ Cherub
☐ Casket Only ☐ MausoGuard ☐ Kryprotek

Full Location of Grave/Crypt/Niche: _____ Depth: 1 - Deep (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 _____ (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 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.

rev: 5/17/2024