

HOLY NAME CEMETERY

Archdiocese of Newark - Catholic Cemeteries
823 West Side Avenue, Jersey City, NJ 07306
Office: (201) 433-0342 / **Fax:** (201) 433-5526
E-mail: HN.eprocess@rcan.org

Interment Authorization

(PLEASE PRINT AND COMPLETE IN FULL)

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

Date of Interment: _____/____/____ 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
Casket Only

Urn/Vault
MausoGuard

Urn
Kryptotek

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.

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