

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:			Parish:		
		// Arriv		ss Time:	
Funeral Home:					
Address:					
Vault Compa	any:		Tel	74000) Do not use spaces	
Vault Casket Only		Urn/Vault MausoGuard	Urn Kryprotek	Urn in Casket Cherub	
Full Location	of Grave/Crypt/	Niche:		Depth:(1,2,3)	
To be interred with:		Original Certificate Holder:			
			(For Cemetery Office Use Only)		
Cert.#	Date:	Location:	Owner:		
Please check	cone: ORIG	SINAL HOLDER IS LIVING	ORIGINAL HOLDER IS DEC	CEASED (All heirs to sign)	
I/We, the Orig	ginal Certificate Hol	lder(s), or all heir(s) of the orig	of .	in said location	
(Full Location	on of Grave, Crypt, I	Niche)	(Name of Deceased)		
Print Name:					
Address: F-Mail·			Telenhone:		
E-Mail: Print Name:					
Address: E-Mail:			Telephone:		
Print Name:			Signature:		
Address:			Talauhana		
E-Mail:					
Print Name:			Signature:		
Adaress: F-Mail·			Telenhone:		
E-Mail:					
			Witness:(Fune	eral 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.