

IMMACULATE CONCEPTION CEMETERY

712 Grove Street, Upper Montclair, NJ 07043

Office: (973) 744-5939 Fax: (973) 744-5659

Interment Authorization

(PLEASE PRINT AND COMPLETE IN FULL)

Deceased: _____

Date of Interment: _____ Arrival Time: _____ Mass Time: _____ Parish: _____

Funeral Home: _____ Telephone: _____

Address: _____

E-Mail: _____

Vault Company: _____ Telephone: _____

Cement Vault

Steel Vault

Fiberglass Vault

Casket Only

Urn/Urn Vault

Mausoguard/Kryptotek

Cherub

Tent

Full Location of Grave, Crypt, Niche: _____ Depth: _____
(1,2,3)

To be interred with: _____ Original Certificate Holder: _____

Presentation of Certificate of Right of Interment Will Also Serve as Presentation For Monument Work.

(For Cemetery Office Use Only)

Deed#: _____ 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 promise to hold the Roman Catholic Archdiocese of Newark harmless from any loss or claim arising from reliance upon the information contained herein.