

# 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  
☐ Mausoleum/Kryptok

☐ 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.