



**Mt Olivet Cemetery
23 Cottage Pl
Bloomfield, NJ 07003**

**Mailing Address:
Sacred Heart Church
76 Broad Street
Bloomfield, NJ 07003**

973-748-8384 / 973-748-2028 Fax

AFFIDAVIT FOR INTERMENT

ORIGINAL OWNER:

I/we _____ residing at _____
(Name of Purchaser/Owner) (Address of Purchaser/Owner)

(City, State, Zip)

Being duly sworn, deposes and says that on or about _____
(Date of Purchase)

I/We procured from Mt. Olivet Cemetery a "Certificate of Right of Interment" (license) in a grave holding described in the books of Mt Olivet Cemetery as follows:

Section _____ Row _____ Plot _____ ; that I/we have made diligent search for such receipt and has/have been unable to find it; that the same is either lost or destroyed according to the best of deponent(s) knowledge, information and belief; that deponent(s) has/have never assigned or transferred any interest in said privileges of burial to any person or persons whatsoever.

That deponent(s) hereby declare requests permission for said grave holding be opened for the interment of _____, _____, of the
(Name of Deceased) (Relationship)

recorded owner. Deponent(s) further promise to hold the Roman Catholic Archdiocese of Newark, Sacred Heart Parish, Bloomfield, NJ and Mt. Olivet Cemetery harmless from any loss or claim arising from reliance upon the information contained herein.

Dated:

Sworn to and subscribed before me
This _____ day of _____, 20____

Notary Public

Revised 4/18