



**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 DISINTERMENT

ORIGINAL OWNER DECEASED, AFFIDAVIT BY ALL SURVIVING HEIRS:

_____ residing at _____
_____ residing at _____
_____ residing at _____
_____ residing at _____

Being duly sworn, depose(s) and say(s): I am/we are, the _____
(Relationship to Purchaser/Owner)

Respectively, and the only surviving heir(s) at law of _____
(Name of Purchaser/Owner)

Since deceased, who on the _____ day of _____, _____ procured from the Roman Catholic
(Date) (Month) (Year)

Archdiocese of Newark a Certificate of Interment" (license) in a grave holding described in the books of Mt. Olivet Cemetery as follows: Section _____, Row _____, Plot _____.

That I/we has/have made diligent search for such certificate 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 neither deponent(s) nor decedent has/have ever assigned or transferred his/her/their interest in said privileges to any person or persons whatsoever.

Deponent(s) further declare that I/we desire said grave holding be opened for the disinterment of _____
_____. I/we wish for _____ to be re-interred as follows:
(Name of Deceased) (Name of Deceased)

_____. Deponent(s) further promise to hold the Roman Catholic
(Location)

Archdiocese of Newark 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____

