



**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 DUPLICATE CERTIFICATE  
COLUMBARIUM**

**ORIGINAL OWNER:**

\_\_\_\_\_ residing at \_\_\_\_\_  
(Name of Purchaser/Owner) (Address of Purchaser/Owner)

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 Inurnment" (license) in a Niche holding described in the books of Mt Olivet Cemetery as follows:

Section \_\_\_\_\_ Row \_\_\_\_\_ Tier \_\_\_\_\_; 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 and has/have never assigned or transferred any interest in said privileges of burial to any person or persons whatsoever.

That deponent(s) hereby declare that I/we desire said niche holding described above, be opened only on presentation to the cemetery of the certificate now requested. Deponent(s) further promise to hold the Roman Catholic Archdiocese of Newark, Sacred Heart Parish, Bloomfield, NJ and Mt. Olivet Cemetery, Bloomfield, NJ 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



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**AFFIDAVIT FOR DUPLICATE CERTIFICATE  
COLUMBARIUM**

**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)

Since deceased, who on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ procured from Mt. Olivet  
(Date) (Month) (Year)

Cemetery a "Certificate of Inurnment" (license) in a niche holding described in the books of  
Mt. Olivet Cemetery as follows: Section \_\_\_\_\_, Tier \_\_\_\_\_, Niche \_\_\_\_\_.

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 niche holding be opened only on the  
presentation to the cemetery of the duplicate certificate now requested. Deponent(s) further  
promise to hold the Roman Catholic Archdiocese of Newark, Sacred Heart Parish, Bloomfield,  
NJ and Mt. Olivet Cemetery, Bloomfield, NJ 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



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Interment Authorization  
**(PLEASE PRINT AND COMPLETE IN FULL )**

Date of Interment: \_\_\_\_\_ Time: \_\_\_\_\_ Priest: \_\_\_\_\_ Parish: \_\_\_\_\_

Deceased: \_\_\_\_\_ Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Vault Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Cement Vault \_\_\_\_\_ Fiberglass Vault \_\_\_\_\_ Urn \_\_\_\_\_ Zinc Liner

\_\_\_\_\_ Steel Vault \_\_\_\_\_ Casket Only \_\_\_\_\_ Mausoguard \_\_\_\_\_ Tent

Location of Grave: Section: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_

Location of Niche: Section: \_\_\_\_\_ Tier: \_\_\_\_\_ Niche: \_\_\_\_\_

Open Grave # \_\_\_\_\_ With Interment of: \_\_\_\_\_

Original Certificate Holder: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Certificate of Right of Interment must be presented for each interment.

(For Cemetery Office Use Only)

Deed # \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ Owner \_\_\_\_\_ Cost \_\_\_\_\_

***IF ORIGINAL CERTIFICATE HOLDER IS LIVING***

I/We, the undersigned, Original Holder(s) of Certificate of Interment/Inurnment of Grave/Niche(s) in Section \_\_\_\_\_  
Row \_\_\_\_\_ Plot \_\_\_\_\_ Niche \_\_\_\_\_ Open Grave/Niche # \_\_\_\_\_ hereby authorizes Mt Olivet Cemetery to  
inter the remains of \_\_\_\_\_ in said grave/niche.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Witness (Funeral Director): \_\_\_\_\_

\_\_\_\_\_ Authorization is also given for Inscription/Monument work.

Int.

***IF ORIGINAL HOLDER OF CERTIFICATE OF INTERMENT IS DECEASED, ALL RIGHTFUL HEIRS MUST SIGN.***

I/We, the undersigned, Rightful Holder(s) of Certificate of Interment of Grave/Niche(s) in Section \_\_\_\_\_ Row \_\_\_\_\_ Plot \_\_\_\_\_  
Niche \_\_\_\_\_ Grave # \_\_\_\_\_ in the name of (original holder) \_\_\_\_\_ deceased, hereby authorize Mt Olivet Cemetery to  
inter the remains of \_\_\_\_\_ in said grave. (should you need additional signature lines, please duplicate form)

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Witness (Funeral Director): \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Witness (Funeral Director): \_\_\_\_\_

\_\_\_\_\_ Authorization is also given for Inscription/Monument work.

Int.



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Monument/Inscription Authorization  
**(PLEASE PRINT AND COMPLETE IN FULL )**

Date: \_\_\_\_\_

The undersigned requests permission to employ:

Dealer's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

To do the following work in: Section: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_

**(PLEASE INDICATE FULLY WHAT WORK IS TO BE DONE)**

\_\_\_\_\_  
\_\_\_\_\_

The undersigned rightful holder or legal representative of above-mentioned lot hereby authorizes and permits said dealer to do the above-mentioned work, subject, however to all rules and regulations of the cemetery.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(Note: See back) Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(For Cemetery Office Use Only)

DEED NO.: \_\_\_\_\_ DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ ORIGINAL \_\_\_\_\_

Width: \_\_\_\_\_ Thickness: \_\_\_\_\_ Height: \_\_\_\_\_

Base (If applicable) Width: \_\_\_\_\_ Thickness: \_\_\_\_\_ Height: \_\_\_\_\_

Total Height: \_\_\_\_\_

Kind of material to be used: \_\_\_\_\_

Producers of memorialization materials, i.e. quarries who also manufacture memorials, and manufacturers of memorials not quarries, in order to secure the acceptance of their stone in the cemetery, must agree to sell only first grade, clear stone for memorial purposes. Producers must also be willing to guarantee that such stone is free from sap or anything which would cause rust stains, that it will not check or crack. Producers must also agree that should such faults develop within five years from the date of setting, the memorial will be replaced without cost to the cemetery, or plot holder, by the same quarry which manufactured the memorial, or the quarry will make an adjustment on material, such adjustment not to delay the replacement of the memorial in the cemetery.

Retail dealers, to secure approval of the cemetery, must agree to use only first grade stone from approved producers as provided above and must guarantee the memorial to be executed in first grade workmanship. Retail dealers also agree that should faults develop within five years due to the setting, treatment or handling of the memorial by the retail memorial dealer, the memorial will be replaced by the retail memorial dealer without cost to the cemetery or plot holder.

**Manufacturer's Signature/Seal**

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Dealer's Signature/Seal**

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

Sketch design below, giving dimensions  
**ALL MONUMENTS MUST HAVE A CROSS**

**Sketch Approval** \_\_\_\_\_

**Installation Approval** \_\_\_\_\_



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**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



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**AFFIDAVIT FOR DISINTERMENT**

**ORIGINAL OWNER:**

\_\_\_\_\_ residing at \_\_\_\_\_  
(Name of Purchaser/Owner) (Address of Purchaser/Owner)

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 and has/have never assigned or transferred any interest in said privileges of burial to any person or persons whatsoever.

That deponent(s) hereby declare that I/we desire said grave holding be opened for the disinterment of \_\_\_\_\_. I/we wish for \_\_\_\_\_ to be  
(Name of Deceased) (Name of Deceased)

re-interred as follows: \_\_\_\_\_. Deponent(s) further  
(Location)

promise to hold the Roman Catholic Archdiocese of Newark, Sacred Heart Parish, Bloomfield, NJ and Mt. Olivet Cemetery, Bloomfield, NJ 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

\_\_\_\_\_  
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**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 Mt Olivet Cemetery  
(Date) (Month) (Year)

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, Sacred Heart Parish, Bloomfield, NJ and Mt. Olivet Cemetery, Bloomfield, NJ 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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**AFFIDAVIT FOR DUPLICATE CERTIFICATE**

**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 Mt. Olivet  
(Date) (Month) (Year)

Cemetery a "Certificate of Inturnment/ Inurnment" (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/niche holding be opened only on the  
presentation to the cemetery of the duplicate certificate now requested. Deponent(s) further  
promise to hold the Roman Catholic Archdiocese of Newark, Sacred Heart Parish, Bloomfield,  
NJ and Mt. Olivet Cemetery, Bloomfield, NJ 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**AFFIDAVIT FOR LOST RECEIPT**

**ORIGINAL OWNER:**

\_\_\_\_\_ residing at \_\_\_\_\_  
(Name of Purchaser/Owner) (Address of Purchaser/Owner)

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 and has/have never assigned or transferred any interest in said privileges of burial to any person or persons whatsoever.

That deponent(s) hereby declare that I/we desire said grave holding described above, be opened only on presentation to the cemetery of the certificate now requested. Deponent(s) further promise to hold the Roman Catholic Archdiocese of Newark, Sacred Heart Parish, Bloomfield, NJ and Mt. Olivet Cemetery, Bloomfield, NJ 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