



**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

**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.

Revised 4/18



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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 _____