



**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