



Interment Authorization

This form may be filled out electronically. Be sure to download the PDF from your web browser before inputting any information. **Please complete in full, print and fax to 908-277-2914 or email to cemetery@stteresaavila.org**

CEMETERY AND MAUSOLEUM
136 PASSAIC AVENUE, SUMMIT, NEW JERSEY 07901
CEMETERY: 908.598.9426 | MAUSOLEUM: 908.277.3741
st-teresa.org

_____ FULL NAME OF DECEASED _____

_____ DATE OF INTERMENT: _____ ARRIVAL TIME _____ MASS TIME _____ PARISH _____

_____ FUNERAL HOME _____ TELEPHONE _____ EMAIL _____

_____ ADDRESS _____

_____ VAULT COMPANY _____ TELEPHONE _____

Cement Vault Urn/Urn Vault Steel Vault Casket Only Mausoguard/Kryptotek

FULL LOCATION OF GRAVE: _____ BLOCK _____ SECTION _____ PLOT _____ GRAVE # _____ DEPTH (1,2) _____

FULL LOCATION OF CRYPT, NICHE: _____ SECTION _____ TIER _____ CRYPT/NICHE _____ DEPTH (1,2) _____

_____ TO BE INTERRED WITH: _____ ORIGINAL CERTIFICATE HOLDER: _____

PRESENTATION OF CERTIFICATE OF RIGHT OF INTERMENT WILL ALSO SERVE AS PRESENTATION FOR MONUMENT WORK.

PLEASE CHECK ONE: ORIGINAL HOLDER IS LIVING ORIGINAL HOLDER IS DECEASED *(all heirs to sign)*

I/We, the Original Certificate Holder (s), or all heir(s) of the original Certificate Holder, hereby authorizes the opening of

_____ to inter the remains of _____ in said location.
(Full Location of Grave, Crypt, Niche) *(Name of Deceased)*

_____ PRINT NAME: _____ SIGNATURE: _____

_____ ADDRESS: _____

_____ EMAIL: _____ TELEPHONE: _____

_____ PRINT NAME: _____ SIGNATURE: _____

_____ ADDRESS: _____

_____ EMAIL: _____ TELEPHONE: _____

_____ PRINT NAME: _____ SIGNATURE: _____

_____ ADDRESS: _____

_____ EMAIL: _____ TELEPHONE: _____

_____ **(FOR CEMETERY OFFICE USE ONLY)** _____

_____ DEED# _____ DATE _____ LOCATION _____ OWNER _____

PARISH OFFICE: 306 Morris Ave, Summit, NJ 07901 | Please send all correspondence to the Morris Ave address