



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 markm@stteresaavila.org.**

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

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