

Interment Request Form

Please ensure that this form is completed and submitted to our office no later than 2:00 PM on the day prior to interment. If we do not receive the form by the deadline, we will issue a cancellation notice. This completed form can be submitted via: Email: arlingtoncemeterynj@gmail.com, Fax: 201-243-3068, or Text: 551-502-9852

Funeral Home Name: _____

Funeral Director: _____

Day, Date, and Time of Interment: _____

Deceased Name: _____

Container:

- Vault** **Type:** _____
- Casket Only**
- Cremation** **Urn Size:** _____

If ordering a new grave:

- Immediate Need**
- Standard**

Depth:

- Single Depth**
- Extra Depth**

Monument Style: _____ (e.g. slant, flat, upright)

If Ordering a Re-opening

Grave Location: _____

Person Currently in the grave: _____

Lot Owner Name: _____

Additional requests/info:

I'm submitting this request with the information added above confirming that I have spoken with the current or prospective lot owner of the listed grave, and I acknowledge that all information given is accurate. I understand that the requested date and time of the interment must be approved by the office and that no time slot is guaranteed to be available. I understand that if this form is not complete my interment request will be canceled.

Signature: _____