

# Harleigh Cemetery AFFIDAVIT

**To Whom This May Concern:**

I, \_\_\_\_\_ am the Certificate of Ownership /Deed holder to location \_\_\_\_\_.

My \_\_\_\_\_ is interred/entombed in said space. I attest that I am the Next of Kin, Heir at Law and there are no other living heirs (spouse, mother, father, brother, sister).I take full responsibility for any actions that may arise from misrepresentations stated herein.

**I hereby authorize the following (checked services) and have enclosed a check/money order in the amount of \$ \_\_\_\_\_ that will cover the following services.**

<input type="checkbox"/> <b>Duplicate Certificate of Ownership / Deed</b>	<u>Fee</u>
	\$ _____
<input type="checkbox"/> <b>Transfer of Certificate of Ownership / Deed:</b> The undersigned relinquish all rights to the aforementioned Property and authorize the Cemetery to transfer ownership of the aforementioned property to:	\$ _____
Name _____ Telephone # _____	
Address _____	

<input type="checkbox"/> <b>Affidavit for burial interment / entombment service without a Certificate of Ownership / Deed</b>	<b>no charge</b>
<input type="checkbox"/> <b>Disinterment / Disentombment Authorization-</b> The Cemetery is requested to furnish personnel and equipment \$ _____	
For the Disinterment / Disentombment and/or removal of the remains of : _____	
From : Cemetery Name & Location: _____	
To Cemetery Name: _____ Located _____	
The cemetery has obtained all the necessary permits. Each of the undersigned is Spouse or Next of Kin of the Decedent and hereby consent to the performance of work.	

<input type="checkbox"/> <b>Affidavit for postponed interment / entombment (cancellation 24hrs in advance)</b>	\$ _____
<input type="checkbox"/> <b>Donation of grave/s back to cemetery:</b> I hereby return all rights and ownership of said graves back to the Cemetery. It is further stated that no other person / persons have any legal claims or ownership to the aforementioned graves. <b>Total Number of Graves Donated ( _____ )</b>	<b>no charge</b>
<i>Note: You should be aware that the Cemetery is a non profit corporation formed pursuant to NJSA:15A:2-1.a. which specifically include cemeteries among not for profit entities. The cemetery is also tax exempted pursuant to IRS Code 501 (c) (13) , so that your contribution is deductible pursuant I.R.C.:170. Please consult your tax advisor as to the specific impact on you tax situation as result of this contribution.</i>	

**Right of entombment:** This serves as authorization to entomb the following individual in the aforementioned crypt/niche:  
Last known address: Name \_\_\_\_\_  
Address \_\_\_\_\_

**Right of interment –** This serves as authorization to inter the following individual in the aforementioned grave.  
Last known address: Name \_\_\_\_\_  
Address \_\_\_\_\_

I/We: Name _____	Name _____
Address _____	Address _____
Telephone# _____	Telephone# _____

**give full authorization to the other Next of Kin, Heir at Law listed above.**

\_\_\_\_\_  
L/S Date: \_\_\_\_\_

\_\_\_\_\_  
L/S Notary Public Date: \_\_\_\_\_

\_\_\_\_\_  
L/S Date: \_\_\_\_\_

\_\_\_\_\_  
L/S Date: \_\_\_\_\_