

Mailing Address:
P.O. Box 728
Orange, NJ 07051


ROSEDALE
C E M E T E R Y

Phone: 973-673-0127
Fax: 973-673-8338
www.rosedalecemetery.org

Entrance:
408 Orange Road
Montclair, NJ 07042

A NONPROFIT CEMETERY FOUNDED IN 1840
THE PROPRIETORS OF THE ROSEDALE CEMETERY
ORANGE • MONTCLAIR • WEST ORANGE

CREMATION AUTHORIZATION

Pacemaker: Removed Not Applicable

The undersigned hereby requests and authorizes The Proprietors of the Rosedale Cemetery, in accordance with and subject to its By-Laws, Rules and Regulations, to cremate the remains of:

Name: _____
Age: _____ Marital Status: _____ Gender: _____
Last Residence: _____
Date of Birth: _____ Place of Birth: _____
Date of Death: _____ Place of Death: _____
Cause of Death: _____
Funeral Home: _____ Funeral Director: _____ License No.: _____
For open retorts: Type of Container: _____ Approximate Weight: _____

And certifies and represents that he or she has the right to make such authorization, and agrees to hold The Proprietors of the Rosedale Cemetery harmless from any liability on account of said authorization and certification, and directs that the cremated remains are to be disposed of in the following manner:

To be picked up by: Funeral Home Family Other: _____
 Mail To: _____
 Scattering in Rosedale Cemetery Scattering Garden: _____ *Attach Scattering Authorization*
 Interment or Inurnment at Rosedale: _____
 Other: _____

I hereby appoint as my agent to ship the Cremated Remains in accordance with the instructions above in my name as consignor via priority express insured for \$100 and authorize you to sign my name to all papers in connection herewith. It is fully understood that the Rosedale Cemetery's services have been fully completed at the time the Cremated Remains leave the Crematory, and the shipping as above directed is my act as principal, and at my risk. Any Services the Proprietors of the Rosedale Cemetery may render in connection therewith are as my agent only and for my accommodation.

Relative or Legal Representative (Signature): _____
Name (Print): _____
Address: _____
Relationship/ Authority to Decedent: _____
Email Address: _____ Phone No.: _____

Cemetery Use Only

Date of Cremation: _____ Cremation No.: _____

Picked up by: _____ Date: _____