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

Entrance: 408 Orange Road Montclair, NJ 07042



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Phone: 973-673-0127

Fax: 973-673-8338

www.rosedalecemetery.org

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

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INTERMENT AUTHORIZATION

NO INTERMENTS PERMITTED UNLESS AUHTHORIZATION IS COMPLETED AND SIGNED CONCRETE VAULT REQUIRED FOR CASKETS

INTERMENT LOCATION

Section			Lot/Block/Row No		Grave No	
		2-Deep		Cremated Remains	Infant/Stillborn	Child
OWNER						
Name:						
Phone No.:			Email Address:			
DECEDE						
Name:						
Age:					Gender:	
Last Reside	ence:					
Date of Birth:			Place of Birth:			
Date of Death:			Place of Death:			
Гуре of Casket/Urn:				Material:		
Vault Company:Type		e of Vault:Bran		ch of Service:		
FUNERAI	LHOME					
Funeral Home:		Location:				
Funeral Director:			License No.:			
Date of Funeral:			Time of Arrival:			

_Time of Arrival:

The undersigned hereby certifies that he/she is the next-of-kin of the Legal Representative of the above named Deceased, or otherwise has the full legal authority to direct the interment of the remains of the Deceased, and hereby authorize the Cemetery to make disposition of the Deceased as indicated above. The undersigned hereby agrees to indemnify and hold harmless the Cemetery, its affiliates, and their respective agents, officers, directors and employees from any and all liability, including reasonable attorney's fees, and against any loss it or any of them may sustain in connection with the interment authorized hereunder. Further, the undersigned agrees that the Cemetery shall have the right to correct any error in this interment, at its own expense, without any liability of such error.

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

Cemetery Use Only

REMARKS: