

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



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

Entrance:
408 Orange Road
Montclair, NJ 07052

A MUTUAL NON-PROFIT CEMETERY FOUNDED IN 1840
THE PROPRIETORS OF THE ROSEDALE CEMETERY
MONTCLAIR / WEST ORANGE / ORANGE

CREMATION ORDER

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

Other: _____

Interment or Inurnment at Rosedale: _____

I hereby appoint as my agent to ship the Cremated Remains in accordance with the instructions above in my name as consignor via prepaid parcel post 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: _____