

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

Entrance:  
408 Orange Road  
Montclair, NJ 07042



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

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

## MONUMENT APPLICATION

**NO MONUMENTS WILL BE INSTALLED WITHOUT A COMPLETE APPLICATION**

Date: \_\_\_\_\_

### AUTHORIZING PARTY

I,  
Name: \_\_\_\_\_

Residing at:  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

the Owner, Heir-At-Law, or Legal Representative of:

### LOCATION

Section: \_\_\_\_\_ Lot or Row: \_\_\_\_\_ Grave: \_\_\_\_\_

hereby request The Proprietors of the Rosedale Cemetery to install a foundation and allow:

### MONUMENT DEALER

Company: \_\_\_\_\_ Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

to erect a monument for:

**Select:**                      Pre-Need                      At-Need

Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_

on the aforementioned interment space located within Rosedale Cemetery. I understand the monument and Monument Dealer are to do the above work, subject to all Rules and Regulations of The Proprietors of the Rosedale Cemetery. All monuments must be made of first-grade monument material, guaranteed free from sap or anything that will cause rust stains, and that it will not check or crack. There will be no drill or tool marks or staining from the removal of rubber matting and all workmanship will be first class. There will be no painting allowed on any type of monuments and any monuments made from wood or glass are strictly prohibited. The bottom beds of all bases and markers must be cut level and true. Granite sourced from quarries in China is strictly prohibited from being used for monuments. Rosedale Cemetery reserves the right to remove any memorial that does not meet the requirements stated in its Rules and Regulations, is deemed vulgar, offensive or improper, or does not meet the standard of quality required. A certificate of or written guarantee must be issued from the quarry where the granite has been sourced and the Dealer who has sold and installed said monument to be filed at the Cemetery Office.

  
**ROSEDALE**  
CEMETERY  
MONUMENT APPLICATION

Type of Granite: \_\_\_\_\_ Color: \_\_\_\_\_

Quarry: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Monument:      Slant                      Flat                      Monolith  
Other: \_\_\_\_\_

Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_ Thickness: \_\_\_\_\_

Base (if applicable): Width: \_\_\_\_\_ Height: \_\_\_\_\_ Depth: \_\_\_\_\_ Thickness: \_\_\_\_\_

**FOUNDATION** to be installed at the:      Head   Foot   Other: \_\_\_\_\_

and to be brought to:      Ground Level      or left \_\_\_\_\_ inches below grade.

Inscription(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

- ❖ **Detailed Sketch of Monument MUST be drawn on the back of this application or attached.**
- ❖ **Notification of denial or approval will be sent.**
- ❖ **Foundation payment and a filing fee of \$10.00 must accompany this application.**

\_\_\_\_\_  
Signature of Owner, Heir-at-Law or  
Legal Representative

\_\_\_\_\_  
Signature of Monument Dealer

-----CEMETERY USE ONLY-----

Approved       Denied - Reason: \_\_\_\_\_

Denial Notice Sent - Date: \_\_\_\_\_       Permit Sent - Date: \_\_\_\_\_

Representative: \_\_\_\_\_