

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

Entrance:
408 Orange Road
Montclair, NJ 07042


ROSEDALE
C E M E T E R Y

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

CREMATION AUTHORIZATION

Pacemaker: Removed Not Applicable

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

Deceased Identification:

Name: _____

Age: _____ Marital Status: _____ Gender: _____

Last Residence: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Time of Death: _____ Place of Death: _____

Cause of Death: _____

Funeral Home: _____ Director: _____ License No.: _____

For open retorts: Type of Container: _____ Approximate Weight: _____

Authorizations:

- The Legal Representative certifies and represents that he or she has the right to make such authorization and agrees to hold the Cemetery harmless from any liability on account of said authorization and certification. _____ (Initials)
- The Legal Representative has authorized the Funeral Home to remove all artificial devices and implants that create a hazardous condition when placed in a cremation chamber. _____ (Initials)
- The Legal Representative understands the Crematory at the Cemetery is not responsible for any personal property left on the deceased when delivered and acknowledges the Crematory relies solely on the Funeral Home personnel to do so. _____ (Initials)
- The Legal Representative authorizes the Crematory to dispose of any non-combustible portions of the cremation container either before or after the process as it sees fit. _____ (Initials)
- The Legal Representative understands the cremation process and authorizes the delivery, cremation and processing of the remains of the deceased. _____ (Initials)

The Legal Representative 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 the Rosedale Cemetery's Scattering Garden: _____ *Attach Scattering Authorization*

Interment or Inurnment at the Rosedale Cemetery: _____

Other: _____

I hereby appoint the Cemetery to ship the Cremated Remains in accordance with the instructions above as Legal Representative via priority express insured for \$100 and authorizes the Cemetery to sign my name to all papers in connection, herewith. It is fully understood that the 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 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: _____