



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

SCATTERING AUTHORIZATION
AUTHORIZATION FOR RELEASE OF CREMATED REMAINS EITHER IN A
SPECIFIC SITE OR FOR SCATTERING

I/we, the undersigned, hereby request and authorize the Proprietors of the Rosedale Cemetery (the Cemetery) to release the cremated remains of

for placement in a specific site at the Cemetery. I/we hereby certify that I/we have the legal right and authority to authorize the disposition of the cremated remains of the deceased.

Scattering, in this instance, consists of the disbursement of the cremated remains at / over the designated area in the Cemetery.

I/we acknowledge that once the cremated remains of the deceased are scattered, they are unrecoverable. When scattering the cremated remains, there is no exclusive reservation or place. I/we further acknowledge that when scattered or placed that comingling of the remains may take place.

Unless otherwise specifically provided for herein, once placement or scattering of the cremated remains of the deceased has been performed by the Cemetery, it reserves the right, at its sole discretion, to dispose of the container in which said cremated remains were delivered.

The obligation of the Cemetery shall be limited to the disposition of the cremated remains of the deceased as directed herein. I/we agree to release and hold the Cemetery and its employees, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the disposition of the cremated remains of the deceased as authorized herein or with the respect to the identification of said cremated remains as being those of the deceased.

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

No Remains will be accepted without a signed authorization and payment.

Submitted before me this _____
Day of _____, 20____.

Notary Public