

Mailing Address:
P.O. Box 728
Orange
New Jersey 07051

ROSEDALE
C E M E T E R Y

Phone: (973) 673-0127
Fax: (973) 673-8338
Web: rosedalecemetery.org

Entrance:
408 Orange Road, Montclair

Rosedale No. _____ **Cremation Order** Disc No. _____

Pacemaker Removed? _____ yes _____ not applicable

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

Name _____
Last Residence _____
Place of Birth _____ Date of Birth _____
Place of Death _____ Date of Death _____
Age _____ Marital Status _____
Cause of Death _____
Funeral Director _____ License No. _____

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:

Instruction For Final Disposition of Cremated Remains

- Please send information on inurnment or interment at Rosedale
- Inurnment at Rosedale - Niche No. _____
- Interment at Rosedale - Location _____
- To be picked up: _____
- Mail to: _____
- Scattering Area _____

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 therewith.

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.

Signature - Relative or Legal Rep. _____

Name (Print) _____

Address _____

Relationship or Authority to Sign _____