

**Mailing Address:**

P.O. Box 728  
Orange  
New Jersey 07051

**Entrance:**

408 Orange Road, Montclair



**ROSEDALE**  
c e m e t e r y

**Phone:** (973) 673-0127

**Fax:** (973) 673-8338

**Web:** rosedalecemetery.org

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 con-signor 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 \_\_\_\_\_