

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



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

Entrance:  
408 Orange Road  
Montclair, NJ 07042

A NONPROFIT CEMETERY FOUNDED IN 1840

**THE PROPRIETORS OF THE ROSEDALE CEMETERY**  
ORANGE • MONTCLAIR • WEST ORANGE

## 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 Cemetery is not responsible for any personal property left on the deceased when delivered and acknowledges the C relies solely on the Funeral Home personnel to do so. \_\_\_\_\_ (Initials)
- The Legal Representative acknowledges that any non-combustible materials, including, but not limited to, items from the cremation container, medical/surgical implants and any types of metals, remaining after the cremation process will not be returned and authorizes the Cemetery to dispose of those non-combustible materials. \_\_\_\_\_ (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: \_\_\_\_\_