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

fax@rosedalecemetery.org

Phone: 973-673-0127

Fax: 973-673-8338

www.rosedalecemetery.org

## INTERMENT AUTHORIZATION

## NO INTERMENTS PERMITTED UNLESS AUHTHORIZATION IS COMPLETED AND SIGNED CONCRETE VAULT REQUIRED FOR CASKETS

Depth: 1-Deep 2-Deep Reope  OWNER  Name:	Email Address:  Marital Status:  Place of Birth: Place of Death:	ains Infant/Stillborn Child  Gender:  Material: Branch of Service:
Depth: 1-Deep 2-Deep Reope  OWNER  Name:	_Email Address:  Marital Status:  Place of Birth: Place of Death:	Gender: Material: Branch of Service:
Name:Address:Phone No.:	Email Address:  Marital Status:  Place of Birth: Place of Death:	Gender: Gender:  Material: Branch of Service:
Address: Phone No.: DECEDENT  Name: Age: Last Residence: Date of Birth: Date of Death: Cause of Death: Type of Casket/Urn: Vault Company: Type of Vault  FUNERAL HOME Funeral Home: Funeral Director: Date of Funeral: The undersigned hereby certifies that he/she is the next-of-kin	Email Address:  Marital Status:  Place of Birth: Place of Death:	Gender: Gender:  Material: Branch of Service:
Address: Phone No.: DECEDENT  Name: Age: Last Residence: Date of Birth: Date of Death: Cause of Death: Type of Casket/Urn: Vault Company: Type of Vault  FUNERAL HOME Funeral Home: Funeral Director: Date of Funeral: The undersigned hereby certifies that he/she is the next-of-kin	Email Address:  Marital Status:  Place of Birth: Place of Death:	Gender: Gender:  Material: Branch of Service:
Phone No.:  DECEDENT  Name:  Age:  Last Residence:  Date of Birth:  Date of Death:  Cause of Death:  Type of Casket/Urn:  Vault Company:  Type of Vault  FUNERAL HOME  Funeral Home:  Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin	Email Address:  Marital Status:  Place of Birth:  Place of Death:  Location	Gender: Gender:  Material: Branch of Service:
Name: Age: Last Residence: Date of Birth: Date of Death: Cause of Death: Type of Casket/Urn: Vault Company: Type of Vault FUNERAL HOME Funeral Home: Funeral Director: Date of Funeral: The undersigned hereby certifies that he/she is the next-of-kin	Marital Status: Place of Birth: Place of Death:	Gender:  Material: Branch of Service:
Age:	Place of Birth:Place of Death:	Material: Branch of Service:
Age:	Place of Birth:Place of Death:	Material: Branch of Service:
Date of Birth: Date of Death: Cause of Death:Color Type of Casket/Urn:Type of Vault Company:Type of Vault FUNERAL HOME Funeral Home: Funeral Director: Date of Funeral: The undersigned hereby certifies that he/she is the next-of-kin	Place of Death:  Location	Material: Branch of Service:
Date of Death:  Cause of Death:  Type of Casket/Urn:  Vault Company:  Type of Vault  FUNERAL HOME  Funeral Home:  Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin	Place of Death:  Location	Material: Branch of Service:
Cause of Death:Color Type of Casket/Urn:Type of Vault  FUNERAL HOME Funeral Home: Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin	Locatio	Material: Branch of Service: on:
Type of Casket/Urn: Color Vault Company: Type of Vault  FUNERAL HOME Funeral Home: Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin	Locatio	Branch of Service:
Vault Company:Type of Vault  FUNERAL HOME  Funeral Home:  Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin	Locatio	Branch of Service:
FUNERAL HOME Funeral Home: Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin	Locatio	n:
Funeral Home:  Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin		
Funeral Director:  Date of Funeral:  The undersigned hereby certifies that he/she is the next-of-kin		
The undersigned hereby certifies that he/she is the next-of-kin		
The undersigned hereby certifies that he/she is the next-of-kin		License No.:
	Time of	f Arrival:
Deceased as indicated above. The undersigned hereby agrees to agents, officers, directors and employees from any and all liabili may sustain in connection with the interment authorized hereu to correct any error in this interment, at its own expense, without	the Deceased, and hereby auth indemnify and hold harmless y, including reasonable attorn nder. Further, the undersigned	horize the Cemetery to make disposition of the the Cemetery, its affiliates, and their respective ney's fees, and against any loss it or any of them
Relative or Legal Representative (Sign	ature):	
Name (Print):		
A dd maga.		
Relationship/Authority to Decedent:		
Email Address:	Phone	e No.:

## Cemetery Use Only

INTERMENT \_\_\_\_\_REMARKS:\_\_\_\_\_NUMBER:

Rev.1-1-2025