Rosedale Cemetery and Crematory

No.	367 Washington St. 408 Or Orange, NJ 07050 Montclain Mailing Address: P.O.Box 345, Orange	ir, NJ 07042
TEL: (973-673-0127		FAX: 973-673-833
	CREMATION ORDE	<u>ER</u>
PACEMAKER REMO	VED?YESNot Applica	able
The undersigned hereby requ subject to its By-Laws, Rules and Re		f the Rosedale Cemetery, in accordance with and
Name		
Last Residence		
Place of Death	Date of L	Death
Place of Birth	Date of E	Birth
Age	Marital S	Status
Cause of Death		
FUNERAL DIRECTOR	Lice	ense No
Rosedale Cemetery harmless from a remains are to be disposed of in the	ny liability on account of said authorizat	ization, and agrees to hold The Proprietors of the tion and cremation, and directs that the cremated
PLEASE SEND INFORMATION O	N INURNMENT OR INTERMENT AT	ROSEDALE
□ INURNMENT AT ROSEDALE -	NICHE NO	
□INTERMENT AT ROSEDALE - L	OCATION:	
□ TO BE PICKED UP:		
□ MAIL TO:		
as consignor via prepaid parcel post ins It is fully understood that the Remains leave the Crematory, and	sured for \$100 and authorize you to sig e Rosedale Cemetery's services have the shipping as above directed is my a	ccordance with the instructions above in my name on my name to all papers in connection therewith. been fully completed at the time the Cremated act as principal, and at my risk. Any services The re as my agent only, and for my accommodation.
SIGNATURE	E - Relative or Legal Rep	
		K.
	Relationship or Authority to Sign _	