



GardenHill Funeral Directors Service, Inc.

579 Grove St, Irvington, NJ 07111

Betty R. Hill, Manager
NJ Lic. No. 4156

Tel.: 973-675-8401
Fax: 973-866-5656

FUNERAL HOME TRADE CALL REQUEST

Name of Funeral

Home: _____ Tel.: _____

Address: _____ Fax: _____

Email: _____

Contact Funeral Director: _____

Date requested service: _____

PLEASE CHECK ALL SERVICES YOU THAT YOU ARE REQUESTING AND AUTHORIZING OUR FUNERAL FIRM TO DO ON BEHALF OF YOUR FUNERAL HOME AS YOUR FUNERAL HOME AGENT IN NEW JERSEY.

SERVICE REQUESTED:

- _____ REMOVAL / PICK UP FROM OUR FUNERAL HOME
- _____ FILE DEATH CERTIFICATE / PERMITS
- _____ REMOVAL / DELIVERY TO YOUR FUNERAL HOME
- _____ EMBALM
- _____ DRESS AND CASKET
- _____ CEMETERY SIGN-IN
- _____ FUNERAL DIRECTOR FOR ARRANGEMENTS
- _____ FUNERAL DIRECTOR FOR FUNERAL
- _____ SHIPPING SERVICE
- _____ DIRECT CREMATION SERVICE
- _____ DOCUMENT SIGNING SERVICE

Notes:

PLEASE INDICATE HOW MANY DEATH CERTIFICATES () _____

1ST \$25 EACH ADDITIONAL \$15 EACH.

Authorizing Funeral Director: _____ Lic.# _____

FAX ALL FORMS TO: (973) 866 - 5656



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WWW.GARDEN-HILL.COM

Photo of Decedent

INTERVIEW WORKSHEET

FILE NUMBER: _____

FUNERAL RECIPIENT:

_____ First Middle Last Suffix

DAY, DATE & TIME OF DEATH: _____

PLACE OF DEATH: _____

Phone#: _____

Interviewer & Date: _____

**Please select (1)*
Service to be provided: Transport Arrangement Shipping Cremation DocServ

Caller: _____ **Phone#:** _____ **Relationship:** _____

VITAL STATISTICS

SEX: _____ SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____ AGE: _____

Birthplace (City & State) _____

DECEDENT'S ADDRESS: _____

City/Town: _____ State & Zip: _____ County: _____

PLACE OF DEATH: _____

City/Town: _____ State & Zip: _____ County: _____

VETERAN: _____ Branch of Service: _____ Service Number: _____

Service Dates: _____ War: _____ Rank: _____

MARITAL STATUS: _____ Surviving Spouse (name given at birth): _____

Father's Name: _____ Mother's 1st & Maiden Name: _____

RACE: _____ Decedent of Hispanic or Asian Origin (Circle: Yes or No) If Yes, Specify Origin: _____

EMPLOYMENT: Usual Occupation: _____ Retired: _____ (Year: _____)

Employer: _____ Employer's Location: _____

Industry: _____ No. of Years: _____ Highest Education: _____

INFORMANT: _____ Relationship: _____

Informant's Address: _____

Informant Phone 1: _____ Phone 2: _____ Email: _____

CERTIFIER of DC: _____ Certifier Phone No.: _____ Number of DCs Requested: _____

Final Disposition: Cremation Burial Name of Cemetery _____ City: _____ State: _____



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AUTHORIZATION FOR REMOVAL

(Name of Institution)

To release the body of _____
(Deceased)

To **GardenHill Funeral Director Services, Inc.** and/or its agents.

I, _____ verbally authorize the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of _____ my _____.

I attest that I have the legal authority to take this action.

Per _____

Name: _____

Address: _____

Photo of Decedent:

Phone #: _____

Email: _____

I, _____ authorized the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of _____ my _____.

I attest that I have the legal authority to take this action.

Sign: _____ Date: _____

Address: _____ Tel.: _____

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TRADE SERVICES FOR FUNERAL DIRECTORS:

This Price List is for licensed Funeral Directors and Funeral Homes, and are not made available to the general public.

PROFESSIONAL SERVICE RATES

(SUBJECT TO CHANGE WITHOUT NOTICE) Effective January 1, 2020

TSA Certified and Registered as Known Shippers for Air Transportation.

Embalming Remains	395.00
Transfer of Remains Local (Essex County)* Nursing Home/ House Removal	\$325.00 225.00
Direct Funeral Services	290.00
Funeral Arrangements	290.00
Cemetery Sign-In	160.00
Assist on Funeral Services	200.00
On Call Coverage (per day)	385.00
Evening Viewing Supervision	290.00
Dressing, Cosmetics, Casket	300.00
File NJ Death Certificate	385.00
P & P (Paper work and pick-up from us)	675.00
NJ state filing fees / permit	25.00
Death certificates per copy	15.00
Cremation: includes removal, cremation, return ashes, cremation container (no death certificates included)	1485.00
Support Staff (Non – Licensed) up to 5 hours	175.00
Ship outs (COD Air Flight Arrangements)	1095.00
Disinterment	1095.00
Essentials and/ or Extra Man (*if needed)	150.00
Consulate Documentation preparation	420.00

*If additional fees are required you will be notified immediately.

Toll Free: 888-673-3073