



# 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:**

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**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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File #: \_\_\_\_\_

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VITAL STATISTICS

Photo of Decedant

Name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

RESIDENCE
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ County \_\_\_\_\_ In City Limits? \_\_\_\_\_

Year Moved Here \_\_\_\_\_ Out of Town Residence From \_\_\_\_\_

Marital Status \_\_\_\_\_ Social Security Number \_\_\_\_\_

Military Service \_\_\_\_\_ Branch/Number of Years \_\_\_\_\_/\_\_\_\_\_

Highest Grade of Education Completed (if college, specify level of degree) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Hispanic/Haitian \_\_\_\_\_

Birthplace City \_\_\_\_\_ Birthplace State \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Informant Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

PLACE OF DEATH (to be completed by funeral service provider)

Hospital/Institution \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ In City Limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

Inpatient, ER, DOA \_\_\_\_\_ Autopsy \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Notes:



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www.garden-hill.com

## 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.: \_\_\_\_\_