

CLAIM FOR BURIAL RIGHTS

NAME OF APPLICANT _____

I hereby claim the right pursuant to the Roosevelt Cemetery Ordinance No. 2016-009, as amended, to be buried at the Roosevelt Municipal Cemetery even if I am not a resident of the Borough of Roosevelt at the time of my death.

The basis for my claim are as follows:

1. I am/was a resident of the Borough of Roosevelt for a period not less than twenty years from _____ to _____.

I am the spouse of _____, who was a resident of the Borough of Roosevelt for a period not less than twenty years from _____ to _____.

I am the unmarried, minor (under 18) child of _____, the person in item #1.

2. I am/was a former resident who was elected to the public office of the Borough of Roosevelt and served in said office for a period of at least three (3) years.

I am the spouse of _____, the person in item #2.

I am the unmarried child of _____, the person in item #2.

3. I was a full-time employee of the Borough of Roosevelt or the Roosevelt School District for a period not less than twenty-five years.

I am the spouse of _____, the person in item #3.

I am the unmarried child of _____, the person in item #3.

4. Person was a resident of the Borough of Roosevelt at the time the death occurred.

Name of the Applicant: _____

Address: _____

Phone#: _____

Signature of Applicant
or Personal Representative

Sworn and subscribed before me
this _____ day of _____
20____.

Notary Public

I hereby certify that I have examined this claim and such evidence that I have required to be submitted to substantiate said claim on the basis, I find the applicant to be eligible for burial in the Roosevelt Municipal Cemetery regardless of residence at the time of death.

I hereby approve said claim. Acceptance may be revoked at any time prior to burial in the event that claim is found to contain any misstatements of fact.

Claim is unacceptable for the following reason(s):

Reasons: _____

Date: _____

Signed:

Superintendent of the Cemetery

Mayor, Borough of Roosevelt

Chairperson of the Cemetery Committee

TO THE APPLICANT OR PERSONAL REPRESENTATIVE

This form is to be signed and submitted in duplicate. One copy will be returned to you. Mail to:
Borough of Roosevelt, P.O. Box 128, Roosevelt, NJ 08555
(revised September 2020)