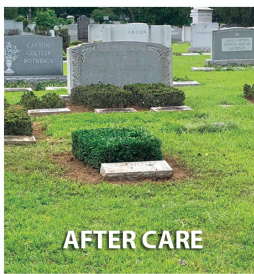




BEFORE CARE



AFTER CARE

Seasonal Grave Care Landscaping Service...

*because caring for
your loved one never ends.*

Comfort and convenience
of reliable &
detailed landscaping

Your mitzvah & tribute for
a very special person

Call now to enroll in
Seasonal Care service
(201) 843-7600

www.riversidecemetery.org

Seasonal Care

(201) 843-7600

12 Market Street
Saddle Brook, NJ 07663

info@riversidecemetery.org

www.riversidecemetery.org

Office hours

Monday-Friday 8am-4pm

Sunday 8am-1pm

Grounds open

office closed

Saturday 10am-5pm

RIVERSIDE
Exclusively Jewish



CEMETERY
Saddle Brook, New Jersey

Est. 1906

SEASONAL CARE



(201) 843-7600

www.riversidecemetery.org

Seasonal Care

A small annual payment that covers maintenance of the gravesite for the current year.

Weeding and Trimming

Our highly experienced landscaping professionals will weed and trim your gravebed of shrubs approximately every 7 weeks during the growing season: mid-April through mid-October.

Topsoil and Grass Seed

If your gravesite has no plantings, we trim around the monument and add topsoil and grass seed as needed.

Grave Plantings

A bed of boxwood shrubs which remain green year-round is available at minimal cost.

Enrollment and Billing

Seasonal Care invoices are mailed for new interments at the start of the following growing season. If Seasonal Care has not been paid for 3 or more years, we will inspect the grave to determine an initial clean-up fee. This fee is required for reenrollment.

Exclusions

Seasonal Care does not provide for the initial plantings, replacement plantings or monument cleaning or leveling.

Prices valid through October 31, 2025

Seasonal Care Enrollment Form

☐ **3 years** of Seasonal Care for \$471 per grave
Enjoy three years of care. Greatest savings!

*Lock in
current
rates!*

☐ **2 years** of Seasonal Care for \$314 per grave
Enjoy two years of care. Rates locked in for 2 years.

☐ **1 year** of Seasonal Care for \$157 per grave

Name of Deceased

Grave ID (if known)

Billing Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

☐ Pay online www.riversidecemetery.org *Fast, Easy, Secure*

☐ Payment by check payable to "Riverside Cemetery"

☐ Payment by Credit Card

Account # _____ Expiration Date _____

Customer Signature _____ Date _____