

CITY OF ROSENBERG

APPLICATION FOR INTERMENT/DISINTERMENT PERMIT

Rosenberg Cemetery

(per Ordinance No. 95-09 and amendments thereto)

To: CUSTOMER SERVICES (if submitted during normal City business hours)
POLICE DEPARTMENT (if submitted after normal business hours, holidays, and/or weekends)

Application is hereby made for the City of Rosenberg to issue a permit granting permission to open the following described grave space in the Rosenberg Cemetery: Addition -or- Section, Lot, Grave Space for the purpose of (check one of the following: burying -or- disintering) the remains of deceased at (a.m.) (p.m.) on the day of 20.

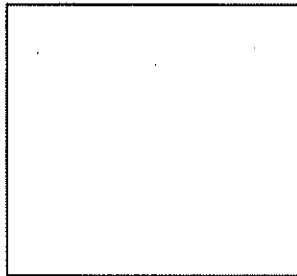
Deceased: Full Name, Age, Place of Death

Family Member of Deceased: Name, Address, Telephone No. (home) (work), Relationship to Deceased

Funeral Home: Funeral Director, Funeral Home, Address, Telephone

Grave Digger: Name, Address, Telephone, License No., Expiration Date

Location of Grave Site [designate by a drawing of lot(s) & space(s)]:



I hereby certify that the deceased is the owner of the grave space noted above, either by purchase, gift or inheritance through, who was decedent's, being all or part of lot(s) described in a Deed dated, recorded in volume, page of the Deed Records of Fort Bend County, Texas and page of the cemetery records of the City of Rosenberg, Texas, and to the best of my knowledge: such grave space is vacant (which I understand I must certify if application is for interment) -OR- the decedent as noted above is buried in such grave space (which I understand I must certify if application is for disinterment).

I agree to and shall indemnify, hold harmless, and defend the City, its officers, agents and employees, from and against any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, arising out of or in connection with this application, whether such injuries, death or damages are caused by the City's sole negligence or the joint negligence of the City and any other person or entity. It is my expressed intention that the indemnity provided for in this paragraph is indemnity by me to indemnify and protect the City from the consequences of the City's own negligence, whether that negligence is the sole or a concurring cause of the injury, death or damage.

I further certify that the information as listed above is true and correct."

Applicant's Signature: Date:

The State of Texas
County of Fort Bend

Before me, the undersigned authority, on this day personally appeared, known to me to be the person whose name is subscribed to the foregoing instrument and, being by me first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signer:
Title:

Subscribed and sworn to before me, this day of, 20 A.D., to certify which witness my Hand and seal of office:

Notary Public - Signature (Seal)

Please attach the following to your application:

- 1. An application fee in the amount of fifteen dollars (\$15.00) if application is made during City business hours or in the amount of one hundred fifteen dollars (\$115.00) if application is made after normal City business hours, holidays and weekends. This is a non-refundable fee for processing the application.
2. Proof of ownership such as a Deed, receipt or other evidence.

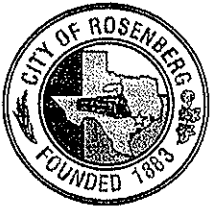
DO NOT WRITE BELOW THIS LINE. FOR CITY USE ONLY.

Application Received by City on (date) at (time) (a.m.) (p.m.).
Approved by Authorized City Official Permit No.

CITY OF ROSENBERG

Public Works Department

2110 Fourth Street
P.O. Box 32
Rosenberg, Texas 77471
(832) 595-3500
Fax (832) 595-3501



ROSENBERG CEMETERY PERMIT APPLICATION

MONUMENT AND MARKER INSTALLATION

LOCATION:

PERMIT FEE: \$15.00
No Refund of Fees

LEGAL DESCRIPTION:

Section: Lot: Space: Permit No.:

OWNER'S INFORMATION:

Name:
Mail Address / Zip:
Home Phone:
Work: Phone

CONTRACTOR'S INFORMATION:

Name:
Mail Address / Zip:
Phone:

CLASS OF WORK:

NEW ADDITION ALTERATIONS REPAIR REMOVE MOVE REPLACE OTHER

DESCRIPTION OF MARKER:

Size:

Material:

Name on Marker:

Date Born:

Date Deceased:

SIGNATURE OF OWNER

DATE

AUTHORIZED AGENT

DATE