



# City of Rosenberg INTERMENT/DISINTERMENT PERMIT APPLICATION

2220 4<sup>th</sup> Street, Rosenberg, Texas 77471

Telephone: 832-595-3500 Fax: 832-595-3501

After hours or on holidays, submit to the Rosenberg Police Department  
(per Ordinance No. 95-09 and amendments thereto)

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) burying: \_\_\_\_\_ or \_\_\_\_\_ the remains of the deceased at \_\_\_\_\_ am/pm  
on the \_\_\_\_\_ day of \_\_\_\_\_ disinterring ,  
2021.

**Deceased:**

Full Name: \_\_\_\_\_ Place of Death: \_\_\_\_\_ Age: \_\_\_\_\_

**Family Member of Deceased:**

Name: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone No.:(Home) \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Funeral Home:**

Funeral Home/Directors: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Grave Digger:**

Name: \_\_\_\_\_

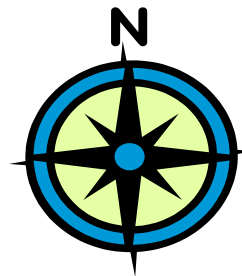
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

**Location of Grave Site:**

Designate by a drawing of lot(s) & space(s)

1	5
2	6
3	7
4	8



"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 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 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.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 2021, to certify which witness my Hand and seal of office:

\_\_\_\_\_  
Notary Public Signature

Printed Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(Seal)

**Please attach the following to your application:**

Application fee in the amount of fifteen dollars (\$15.00), if the application is made during City business hours. If the application is submitted after hours, holidays, or weekends, the application fee is one hundred fifteen dollars (\$115.00). This is a non-refundable fee for processing the application.

Proof of ownership such as a Deed, receipt, or other evidence.

**FOR CITY USE ONLY**

Application received on: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Approved by Authorized City Personnel: \_\_\_\_\_ Date: \_\_\_\_\_