

City of Benbrook  
Benbrook Cemetery  
Memorial Placement Permit

Name of Person(s) for Memorial \_\_\_\_\_

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

Cemetery Space for Memorial \_\_\_\_\_

Estimated Date of Placement \_\_\_\_\_

Owner of Cemetery Space \_\_\_\_\_

Monument Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Funeral Home (if applicable) \_\_\_\_\_

Single or Double Memorial \_\_\_\_\_

The undersigned acknowledges that memorials placed in the Benbrook Cemetery are subject to rules and regulations promulgated in the Benbrook Municipal Code, Chapter 13.04. The undersigned further acknowledges that no memorial will be placed until the permit is approved by the City of Benbrook.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLACEMENT GUIDE MARKERS WILL BE LEFT IN PLACE FOR 5 (FIVE) BUSINESS DAYS FROM THE DATE OF APPROVAL, AFTER WHICH TIME THEY WILL BE REMOVED AND A NEW APPLICATION MUST BE SUBMITTED.**

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Do Not Write Below This Line

Approved \_\_\_\_\_

Date \_\_\_\_\_

Disapproved \_\_\_\_\_

Reason \_\_\_\_\_