

City of Benbrook
Cemetery Interment Permit

Name of deceased: _____

Date of death: _____

Cemetery space for interment: _____

Owner of cemetery space: _____

Single or Double interment: _____

Funeral home: _____

Address / Phone number: _____

Date and time of graveside service: _____

FOR MILITARY SERVICES, PLEASE INDICATE IF A GUN SALUTE IS PLANNED.

PLEASE ALLOW 24 HOURS FOR GRAVE SPACE TO BE MARKED.

The undersigned acknowledges that all interments in Benbrook Cemetery are subject to the rules and regulations promulgated in the Benbrook Municipal Code, Chapter 13.04. The undersigned further acknowledges that no interment shall occur until the permit is approved by the city of Benbrook.

Signed: _____

Dated: _____

Do not write below this line

Approved: _____

Date: _____

Disapproved: _____

Reason: _____