

EVERGREEN CEMETERY

900 ALTIC

HOUSTON, TEXAS 77023

(713)921-3000

Rules and Regulations

Each adult grave space measures 3ft x 6ft. The smallest Flat Granite Markers allowed for an adult can be 24x12x04. The smallest Upright Granite Monument allowed for an adult is 1.4x.04x1.4. The largest Upright Granite Monument allowed is 2.0x.06x2.0. No monument base is to exceed 3.0x.06x1.0 in measurement. **Full size grave covering ledger style markers or monuments are not allowed.**

Infant grave spaces measure 1ft.x 2 ft. The only Flat Granite Marker allowed for an infant is 12x24x04 ledger. No upright monuments are allowed as this would exceed the grave space dimensions for an infant.

There is an approximate 12 inches to separate each grave space from the next to follow.

Evergreen Cemetery is a minimal maintenance cemetery and perpetual care is conducted by the families for the most part. As we do regularly service the cemetery, we ask for the family's cooperation in maintaining maintenance by following certain restrictions:

*No concrete, cement, bricks or blocks of any sort are allowed.

*No slabs or full grave foundations are to be constructed.

*No burglar bar fencing or metallic gates are permitted.

*Small plants/flowers are allowed as long as they are contained within the individual grave space.

*No glass vases or containers are allowed beyond the date of the funeral service.

*No alcoholic beverages of any kind are permitted on the cemetery premises.

Please note that an Installation Permit is required before any marker or monument can be erected at Evergreen Cemetery. This permit is obtained from Santana Funeral Directors, Inc. Upon submission of payment and a detailed layout from the manufacturer including measurements and inscriptions for your memorial. Markers and monuments are to be constructed of granite or bronze-on-granite material **only. Any items brought into Evergreen Cemetery not meeting the listed requirements or without written consent are liable to get removed at the responsible party's expense.

For more detailed information or any questions, please feel free to contact our office at your convenience. Thank you for your cooperation.

Full Name of Decedent

Lot Owner's Signature

Date

Funeral Home Representative

Date

Manufacturer's Representative

Date

**Evergreen Cemetery
Installation Permit**

Date Issued: _____

Memorial Information

Request to install a grave memorial of _____.
In Space: _____ Lot: _____ Block: _____ Section: _____

The Memorial is described as follows:

Manufacturer: _____

Material: _____

Size: _____

With or without vase: _____

Applicable Installation Permit Fee: Monument/Slanted Markers \$125.00. Flat Markers \$100.00.

*Installation Permit fee is not included in any other goods or services. Individuals should notify the cemetery 31 days in advance when installation is requested.

Permit Fee

A Permit Fee of \$100.00 (One Hundred Dollars) is required of all lot owners that desire to place a Marker on his/her lot. A Permit Fee of \$125.00 (One Hundred Twenty-five Dollars) is required of all lot owners that desire to place a Monument on his/her lot. Monument and/or Marker must be approved by Evergreen Cemetery and must meet specifications described in the memorial installation rules and regulations. Evergreen Cemetery is at no time liable for any damages within the cemetery grounds to individual markers or lots that are not in compliance. Evergreen Cemetery does provide minimal grounds maintenance at no charge to lot owners. Maintenance to monuments and/or markers is chargeable and is not included in any other goods or services.

Fees for the following have been paid to Evergreen Cemetery, whereby permission is granted to place in the above mentioned lot the Monument and/or Marker described. The undersigned certify that the above information is correct and agree to conform to the Installation Rules and Regulations of Evergreen Cemetery, excerpts of which are set forth on the reverse side hereof.

Dealer and/or Monument Manufacturer

Lot Owner and/or Next of Kin

Based on the above representations, approval is granted the _____ day of _____, 20____.

Evergreen Cemetery Representative

Office Use Only

Permit Fee _____ Balance _____ Date Due _____

Method of Payment: Cash / Check / Credit Card

Make checks payable to: SANTANA FUNERAL DIRECTORS, INC.