

**Town of Washington**  
**Cemetery Burial/Disinterment/Building Permit**

P O Box 218, 405 N. Washington St, Washington, LA 70589

Phone: 337-826-3626. Fax: 337-826-3601

Email: [clerical@townofwashingtonla.net](mailto:clerical@townofwashingtonla.net) and [clerical2@townofwashingtonla.net](mailto:clerical2@townofwashingtonla.net)

**Office Hours: Monday thru Friday: 9:00 am to Noon, 1:00 pm to 3:00 pm**

**Permits issued by appointment only. 24-hour notice required.**

**Permit # issued by Town of Washington:** \_\_\_\_\_ (permit # required for access to cemetery)

**Permit Date:** \_\_\_\_\_ **Work Completion Date:** \_\_\_\_\_

On this date \_\_\_\_\_, permission is hereby grant to (Contractor/Party requesting permit):

- |   |              |
|---|--------------|
| <input type="checkbox"/> Melancon Marble & Granit Works, Inc. | 337-896-4914 |
| <input type="checkbox"/> Menard's Burial Vault Company, LLC   | 337-739-7303 |
| <input type="checkbox"/> B & D Marble & Granite               | 337-585-6890 |
| <input type="checkbox"/> Ardoin's Marble Works                | 337-457-3594 |
| <input type="checkbox"/> LeDees Burial Vaults                 | 337-234-7956 |
| <input type="checkbox"/> 2B's Monuments                       | 337-277-3919 |
| <input type="checkbox"/> Dave's Monuments                     | 337-543-2392 |
| <input type="checkbox"/> Acadiana Vaults & Monuments LLC      | 337-250-1102 |
| <input type="checkbox"/> Other _____                          | _____        |

**Cemetery (please check)**

- \_\_\_ Cedar Hill  
\_\_\_ Hebrew Rest  
\_\_\_ Yellow Fever/Old Church Landing

**To (Circle all that apply)**

- |   |                                      |
|---|--------------------------------------|
| Burial                                    | Open/Close Tomb                      |
| Dig a grave                               | Install/Remove/Reinstall a Headstone |
| Repair a Tomb                             | Rebuild a Tomb                       |
| Build a Tomb with Coping                  |                                      |
| Disinter Remains (relocation site: _____) |                                      |
| Other _____                               |                                      |

**Name of Deceased:** \_\_\_\_\_

**Lot Owner:** \_\_\_\_\_

**Name of Funeral Home:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Lot#:** \_\_\_\_\_

**Other descriptive information:** \_\_\_\_\_

- It is understood that Contractor is responsible for any and all damages to adjacent tombs and the surrounding grade which may occur in the above-mentioned work.
- Contractor shall notify Town of Washington at 337-826-3642 each time they are entering cemetery for work purposes at least 4 hours prior to arrival. Extra dirt will be moved to the places stipulated by cemetery personnel. The Town shall retain a record of work completed on the reverse side of this form
- Contractors are to dispose of their construction material offsite. No dumpster is available on cemetery grounds.
- It is also agreed by Contractor that all temporary vaults will be placed \_\_\_\_\_ **TBD**
- A crypt tray is required for all mausoleum burials.
- Coping is **recommended, but not required** on all tombs.
- Work must be completed in a timely manner. Town of Washington shall review permit completion date periodically to ensure work is complete. Any vaults above ground need to be marked with a paint marker stating the name of the deceased. When doors are taken off mausoleum crypt, inner plate needs to be marked with name of deceased with a point marker.
- Permits are issued at discretion of the Town of Washington contingent on review of any previous jobs that may be pending. Town of Washington reserves the right at any time, without notice, to make exceptions, suspensions, modifications, or terminate any work permit issued.
- Contractors and their employees entering the cemetery for work purposes are to have a copy of this permit on their person while performing any job.
- General Liability and Worker's Compensation Insurance must be evidenced prior to permit approval with a current Certificate of Insurance.

**Cemetery Permit Fee:  
\$75 (check, money order, credit/debit card)**

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Town of Washington Representative \_\_\_\_\_ Date \_\_\_\_\_

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Contractor/Party Requesting Permit \_\_\_\_\_ Date \_\_\_\_\_

Family contact of deceased: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_