

720 East Florence Avenue • Inglewood, CA 90301 Phone: (310) 412-6500 • Fax (310) 671-9440 www.inglewoodparkcemetery.com

Date		
Name(s)		Contract #
Address	Deed #	
Home Phone	Cell Phone	
Change	of Addres	s Form
To Inglewood Park Cemetery:		
I hereby request that address on my account	be changed from	
(Old Address)		to
(New Address)		
I have an open account (still making to change your address.)	payments. You ma	ny also use your current statement
My account is paid in full (cemetery	location)	
I attached the following supporting d	ocumentation of th	nis change:
Current electricity or gas bill (photocopies acceptable)	OR	Driver's License or State Identification Card (no photocopies)
Evidence may be presented in person at the of form may signed <i>before a notary public</i> . (Not		
Signature		Signature

You may fill out this form on your computer, but you must print it and sign it in ink, and return by mail to the address above, or fax to Inglewood Park Cemetery at (310) 671-0757.