



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

Date _____

Name(s) _____ Contract # _____

Address _____ Certificate ["Deed"] # _____

Home Phone _____ Cell Phone _____

Document Request Form

To Inglewood Park Cemetery:

I/we, _____, purchasers/owners of
interment rights, hereby

request (a) copy(ies) of my/our

Contract(s) # _____, # _____ # _____

Certificates(s) ["Deed"] # _____ # _____ # _____

Trust Agreement(s)

Service

Commodities

If you do not remember your Certificate ["Deed"] #, please enter the Contract #, interment space
location, or name of person interred there:

I certify that I am the purchaser/interment rights owner with the legal right to make this request. (Holder
of Durable Power of Attorney or Health Care Directive, please attach documentation.)

Signed:

Purchaser/Owner of Interment Rights

Signature of person holding Power of Attorney

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.