



720 E. Florence Ave, Inglewood, CA 90301  
Phone: (310)412-6500 Fax: (310)671-9440

## MEMORIAL EVENT REQUEST FORM

### EVENT INFORMATION

Responsible Family Member: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Interment Location: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Type of Event Requested:

- Anniversary    Memorial Unveiling/Placement (Tues-Thurs., 9am-11am or 1pm-3pm-one placement per time slot)
- Birthday    Memorial Service Only

Date of memorial placement: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Start Time of Event: \_\_\_\_\_ End time of Event: \_\_\_\_\_

Start Time of Music: \_\_\_\_\_ End Time of Music: \_\_\_\_\_

**Outdoor music is limited to 60 minutes. No amplifiers, speakers, or microphones!**  
**\*No personal tents, tables, drugs, alcoholic beverages, fireworks, explosives, BBQ grills, or food vendors are allowed.**

*I acknowledge that if our event causes disruption to other visitors, violates the attached Cemetery Rules and Regulations, or coincides with a scheduled service, I may be asked by Security or a Cemetery Representative to pause or end the event, and I will comply immediately.*

**Please Note: ALL flowers and decorations will be removed one week (7-days) following the event date.**

\_\_\_\_\_  
FAMILY SIGNATURE

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
DATE

### CEMETERY APPROVAL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE#