INGLEWOOD PARK CEMETERY

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: _____ End Time: _____

Music: Yes ☐ No ☐

Event Guidelines: Event and outdoor music are permitted for up to **one** (**1**) hour and should be maintained at a respectful volume. Amplifiers, speakers, and microphones are not permitted. At the conclusion of the event, all decorations and event materials must be removed and stored. Family and friends are welcome to continue visiting their loved one; however, event materials may not remain at the site after the event has ended.

Please note: Personal tents, tables, alcoholic beverages, illegal substances, fireworks, explosives, BBQ grills, food vendors, and similar items are **not** permitted.

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 left at your loved one's site will be respectfully removed seven (7) days after the event.

FAMILY SIGNATURE PRINT DATE

CEMETERY APPROVAL

SIGNATURE PRINT DATE PHONE#

Please note that a minimum of 10 days is required for approval before the event.