



6555 East Gage Avenue • Commerce, CA 90040
Phone: (562) 806-0660 • Fax (562) 927-6269
www.parklawncemetery.net

Date _____

Name(s) _____ Contract # _____

Address _____ Deed # _____

Home Phone _____ Cell Phone _____

Document Request Form

To Park Lawn Cemetery:

I/we, _____, purchasers/owners, hereby

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

Contract(s) # _____, # _____ # _____

*Deed(s) # _____ # _____ # _____

Trust Agreement(s) Service Commodities

If you do not remember your Deed #, enter Contract # or property description/name of person interred:

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

Signed:

_____ Power of Attorney's 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 Park Lawn Cemetery at (310) 671-0757.

* There is a \$50.00 fee for each Replacement Deed.