

Memorial Bench PROGRAM APPLICATION

Applicant's Name: _____

Contact Information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Name of Resident being Memorialized: _____

Dates of life: _____

I	N		L	O	V	I	N	G		M	E	M	O	R	Y		O	F	
J	A	N	E		D	O	E												
L	O	V	I	N	G		W	I	F	E		&		M	O	T	H	E	R
1	9	4	2		-		1	9	8	0									

Example Above

Desired Memorial Inscription (Up to 4 Lines, 20 Characters per Line):

Name of Preferred Park: _____

General Location: _____

Signature of Applicant: _____

Please make \$3,000 check payable to: City of La Mirada



CITY OF LA MIRADA

13700 La Mirada Blvd, La Mirada, CA 90638

www.cityoflamirada.org

Dedicated to service

For Office Use Only

Submitted on: _____

Processed on: _____

Location:

Acceptable

Not Acceptable

Entered by: _____