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:

_____

IN LOVING MEMORY OF
JANE DOE
LOVING WIFE & MOTHER
1942 - 1980

Example Above

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

Name of Preferred Park:

_____

General Location:

_____

Signature of Applicant:

_____

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: _____