

Cypress Hill Memorial Park

RESEARCH REQUEST

Date: _____

Please fill out this form and leave with our staff. We will complete this request as time permits. Requests can take up to 8 weeks, depending on our schedule. There is a \$15.00 charge for researching more than 3 names at a time. Full names and accurate spelling must be provided.

FULL Name of Person(s): _____ Date of Death: _____
_____ Date of Death: _____
_____ Date of Death: _____

Due to confidentiality, we are limited in the information we may provide.

We will forward the information by the following methods: Email or Fax. (Circle one)

Requestor's Name: _____

Email or Fax #: _____

Office Use:

Completed By: _____

Completion Date: _____

Payment Received: _____

www.cypresshillmemorialpark.com

P.O. Box 2069
Petaluma, CA 94953

430 Magnolia Avenue
Petaluma, CA 94952

Telephone 707-762-6683
Fax 707-762-9661