



**Request for Duplicate Certificate of Ownership
and/or
Copy of Contract/Insurance Policy**

I, _____ am requesting:

- Contract Purchaser
- Certificate Holder
- Insurance Policy (Insured/Owner)

Copy of Contract Number _____

Duplicate Certificate of Ownership

Copy of Insurance Policy Number _____

Please mail the requested documents to:

Name

Address

City, State, Zip Code

I have enclosed \$5.00 for each document requested that I am entitled to receive.

Signature

Date of Birth

Printed Name

Last Four Digits of SS Number

Phone Number

Mail completed form with payment to:

Rose Hills Memorial Park and Mortuary
Attn: Title Administration Dept.
3888 Workman Mill Rd
Whittier CA 90601

For questions, please call the Title Administration Dept. at 562-463-4563 or email: titleadminrecords@rosehills.com, Monday – Friday 8:00am – 5:00pm. If you would like to meet with a Title Administrative Specialist, our office hours are Monday through Thursday between 8:00 a.m. and 4:00 p.m. We are closed from Noon to 1 p.m. for lunch. (No appointment necessary – Please note that walk-in customers will be assisted on a first-come, first-serve basis as expediently as possible. We strive to provide every family with our full attention, and we appreciate your understanding and consideration of any wait times that may occur.)