

**REQUEST for  
CEREMONIAL DOCUMENT from  
THE HONORABLE JAMES F. KENNEY  
MAYOR, CITY OF PHILADELPHIA**

Date Rcvd. In Office \_\_\_\_\_

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**Carefully read the following Guidelines before completing the request form.**

- All requests go through an internal review and approval process.
- **Requests** for ceremonial documents **are limited to one** per individual or organization per year.
- **Submitting a draft** of the document requested will expedite the process.
- All requests should be received **AT LEAST THREE WEEKS BEFORE THE DOCUMENT IS NEEDED. DOCUMENT REQUESTS RECEIVED AFTER THIS MAY NOT BE APPROVED.**
- **Send the request to:** Lorraine Szybowski  
Office of the City Representative  
1515 Arch Street, 12<sup>th</sup> Floor  
Philadelphia, PA 19102  
Phone: (215) 683-2060 Fax: (215) 683-2099  
Email: Lorraine.Szybowski@phila.gov
- There should be only **one contact person per request.**

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**PLEASE PRINT LEGIBLY AFTER READING THE GUIDELINES ABOVE.**

Name of Contact: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Person/Organization Recognized \_\_\_\_\_

Affiliation with Person/Organization \_\_\_\_\_

Event/Occasion \_\_\_\_\_

Does the person reside or is the organization located in Philadelphia? \_\_\_\_\_

Will the event or occasion be held in Philadelphia? \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Event/Occasion \_\_\_\_\_

Printing deadline (If applicable) \_\_\_\_\_

**Highlights of Person/Organization Recognized:** PLEASE ATTACH a biographical sketch of the individual including his/her involvement in the community, or a description of the organization and how it impacts the community.

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**\*For Official Use Only:**

Document Approved \_\_\_\_\_ Document Denied \_\_\_\_\_

Tribute\_\_\_\_ Citation\_\_\_\_ Proc\_\_\_\_ Letter\_\_\_\_

Comments \_\_\_\_\_

**ALL DOCUMENTS MUST BE PICKED UP. NO DOCUMENTS CAN BE MAILED.**  
When your document is completed, our office will call your Contact Person for pick-up. If you would like someone other than your Contact to pick up the document, please list their name and number below.

Name \_\_\_\_\_ Telephone # \_\_\_\_\_