



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

**2023 CEREMONIAL DOCUMENT REQUEST**

from **THE HONORABLE JAMES F. KENNEY - MAYOR, CITY OF PHILADELPHIA**

**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 FOUR -SIX WEEKS BEFORE THE DOCUMENT IS NEEDED. DOCUMENT REQUESTS RECEIVED AFTER THIS MAY NOT BE APPROVED.**
- E-mail the request to: [Sheila.hess@phila.gov](mailto:Sheila.hess@phila.gov) and [city.rep@phila.gov](mailto:city.rep@phila.gov) or
- There should be only **one contact person per request.**

**PLEASE TYPE OR 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 \_\_\_\_\_

Deadline document is needed \_\_\_\_\_

Check here if you require an electronic version (PDF) as well \_\_\_\_\_

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

**\*For Official Use Only:**

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

Tribute\_\_\_\_ Citation\_\_\_\_ Proclamation\_\_\_\_ Letter\_\_\_\_

Comments \_\_\_\_\_

**ALL DOCUMENTS MUST BE ARRANGED IN ADVANCE TO SCHEDULE A PICK UP DATE/TIME  
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 # \_\_\_\_\_