Temple Beth Shalom
Yahrtzeit Plaque Order Form

$150.00 contribution.
Arrangement for payment to be made with the Temple Treasurer, Jeanne Heyman, 324-6609

Requested by _____

Telephone Number _____ **E-mail** _____

Actual size sample shown.

■ **Line 0ne** **English date of death** _____ _____

■ **Line Two** **Memorial Name in English** _____

■ **Line Three** ***optional, please check.***

_____**Memorial Name in Hebrew.**

_____**or Memorial Name in Hebrew transliteration.**

_____ **son / daughter of** _____ **and** _____
Hebrew name **Father's Hebrew name** **Mother's Hebrew name**

(If you do not know the Hebrew names we will gladly look them up)

■ **Line Four** ***optional, please check.***

____ **Date of death in Hebrew.**

____ **Date of death in Hebrew transliteration.**

Month _____ **Day**_____ **Year**_____

(If you do not know the Hebrew date we will gladly look it up)