

APPLICATION FOR NAME PLATE ON MEMORIAL TABLET

DONATION \_\_\_\_\_

DATE of application \_\_\_\_\_

NAME OF DECEASED

English \_\_\_\_\_

Father's first Hebrew name \_\_\_\_\_

Kohain \_\_\_\_\_ Levi \_\_\_\_\_

Hebrew \_\_\_\_\_

Mother's first Hebrew name \_\_\_\_\_

DATE OF DEATH

English \_\_\_\_\_ before sunset \_\_\_\_\_ after sunset \_\_\_\_\_ Hebrew \_\_\_\_\_

NAME, ADDRESS, AND RELATIONSHIP OF DONOR

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAMES, ADDRESSES, AND RELATIONSHIP OF ADDITIONAL YAHRZEIT NOTIFICATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received Donation

AMOUNT \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_