



Temple Beth Shalom
1809 Whitney Avenue
Hamden, CT 06517
Phone (203) 288-7748 Fax (203) 288-0582
tbsoffice@tbshamden.com www.tbshamden.com

APPLICATION FOR NAME PLATE ON MEMORIAL TABLET

DONATION: _____

TODAY'S DATE: _____

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

Relationship

Address

NAME, ADDRESS AND RELATIONSHIP OF ADDITIONAL YAHRZEIT NOTIFICATION

OFFICE USE ONLY

Donation	Name	Date
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