Temple Shaarei Shalom

YAHRZEIT INFORMATION FORM

(Member 1) Name _____

(Please Print)

Address for Reminder Letter:

_____

Street Address City State Zip Code

Phone Number:_____

This form enables the Temple office to notify you of the Yahrzeit of your loved ones. Please enter the English and/or Hebrew dates in the respective column(s). If you entered both English and a Hebrew date, please mark the line at the end indicating the date that you would like the Yahrzeit observed.

Name of Deceased *(Please Print)*	Relationship to You	Hebrew *Mo/Day/Yr*	English *Mo/Day/Yr*	Prefer *Eng/Heb*

(Member 2) Name:_____

(Please Print)

Address for Reminder Letter:

_____

Street Address City State Zip Code

Phone Number:_____

Name of Deceased *(Please Print)*	Relationship to You	Hebrew *Mo/Day/Yr*	English *Mo/Day/Yr*	Prefer *Eng/Heb*

11/7/2007