



Memorial Plaques Order Form

Directions: Return Completed Form with a Check for \$500 per Plaque Payable to Temple Shaarei Shalom.

Your Name: _____
First Name Last Name

_____ Street Address _____ City _____ State _____ Zip Code

Today's Date: _____ Your Phone Number: _____

Name of Deceased: _____
First Name Last Name

English Date of Death: _____ Hebrew Date of Death: _____

Date to Observe: _____ English _____ Hebrew

Time of Death: _____ AM _____ PM before sundown _____ PM after sundown

Information to Receive Yahrzeit Reminders

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Continues On the Next Page →

Additional Yahrzeit Reminders:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to You: _____