

Temple Shaarei Shalom 9085
Hagen Ranch Rd.
Boynton Beach, FL 33472
(561) 364-9054

MEMORIAL PLAQUES ORDER FORM

Return completed form with a check payable to Temple Shaarei Shalom in the amount of: \$500.00

(Per Plaque)

Today's Date: _____

Person Requesting Plaque: _____
First Name Last Name

Street Address City State Zip Code

Telephone No. () _____ Relationship to you: _____

Name of Deceased: _____
First Name Last Name

Date of Death: _____ Date to be Observed: Eng. () Heb. ()
English Hebrew (check one)

Time of Death: () Before sundown () After sundown
(check one)

TO RECEIVE YAHRZEIT REMINDERS

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ RELATIONSHIP TO DECEASED: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ RELATIONSHIP TO DECEASED: _____

FOR ADDITIONAL YAHRZEIT REMINDER
PLEASE FILL OUT THE INFORMATION ON THE RESERVE SIDE FOR ADDITIONAL YAHRZEIT
REMINDERS

Z:\Admin\Forms\Memorial Plaques Form.doc
10/4/2023

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ RELATIONSHIP TO DECEASED: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ RELATIONSHIP TO DECEASED: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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