



REMEMBRANCE PLAQUE ORDER FORM

- Please return this form with a check to Kerem Shalom for \$180 per plaque.
- Yahrzeits (anniversaries of death) will be observed by placing a stone next to the name plaque.

NAME OF PERSON TO BE REMEMBERED

English Name: _____

Hebrew/Yiddish Name: _____

Mother's Hebrew/Yiddish Name: _____

Father's Hebrew/Yiddish Name: _____

English/Gregorian Date of Death: _____

Time of Death if known: _____

Hebrew Date of Death: _____

(Office will complete if not known)

Relationship to Purchaser: _____

PURCHASED BY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Indicate when anniversary should be observed:

__ Hebrew Date __ English/Gregorian Date

For Office Use Only

Date submitted for engraving: _____ Date received: _____ Date affixed: _____