

Beth El Synagogue Memorial Plaque Order Form

Dear Congregant:

Please accept our sincere condolences on your loss. By perpetuating the memory of our deceased, they live on through us.

Please provide the information requested below, and return this form, along with a check in the amount of **\$400** made out to Beth El Synagogue. We will notify you when the plaque is installed.

Your name: _____ Tel. Number: _____

Your E-mail address _____

Deceased is your: mother, father, wife, husband, or -other (specify) _____

Name of deceased (English): _____

Name of deceased (Hebrew): _____

Hebrew name of deceased's father (and mother if desired):

Was the deceased a Kohain?: _____ Levi?: _____ Was his or her father? _____

English date of death: _____, 202-_____

Hebrew date of death, if known: _____, 578-_____

Place of death: _____

Time of death: _____ a.m./p.m. (This information is necessary for our records and to determine the Hebrew date).

Thank you for your order. You will be notified when the plaque is installed and where it is placed. Orders take 6 to 8 weeks or more to be filled. If you have any questions, please call the synagogue office at (609) 443-4454.

**Beth El Synagogue Ritual Committee
50 Maple Stream Road
East Windsor, NJ 08520**

Office use:

Check form _____ Sent _____ Received _____ Check plaque _____ Installed _____ Notified _____
Board: _____ Column _____ Row _____