

Beth El Synagogue RESERVED Memorial Plaque Order Form

Dear Congregant:

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 your next of kin when your plaque is installed.

Your name: _____ Tel. Number: _____

Your E-mail address: _____

Next of Kin to be notified: _____ Relation: _____

NOK - Address: _____

NOK - Email: _____ Tel. Number _____

Your Name (Hebrew): _____

Hebrew name of your father (and mother if desired):

Are you a Kohain? _____ Levi? _____ Was your father? _____

To be completed when necessary

English date of death: _____, 20 _____

Hebrew date of death, if known: _____, 5 _____

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 should we need any additional information from you. When the plaque is installed we will inform the next of kin as to its placement. 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**