

**TEMPLE BETH SHALOM
LIVINGSTON, NEW JERSEY
MEMORIAL PLAQUE APPLICATION**

Purchaser's Name _____ Date _____

Purchaser's Address _____

Purchaser's Phone _____ Relationship to Deceased _____

Name to be Memorialized (English) _____

(Hebrew Name in Full) _____
e.g. Isaac, son of Abraham and Sarah, written in Hebrew or phonetically

Date of Death (English) _____ Before Sundown [] After Sundown []

Date of Death (Hebrew if known) _____

- NOTES:**
- 1. The Hebrew name may be obtained from a marriage certificate or the monument itself.*
 - 2. The Memorial Plaque should be inscribed as soon as possible within the first year of mourning. The plaque is then placed on the synagogue Memorial Wall.*
 - 3. Purchaser will be notified annually of yahrzeit observance.*

THE \$900 COST OF EACH MEMORIAL PLAQUE MUST BE PAID IN FULL WHEN ORDERED.

Signature

Comments or Requests _____

FOR OFFICE USE ONLY:

Date Ordered _____ Amount Received \$ _____

Date Plaque Hung _____ Date Purchaser Notified _____

Location _____