

### Memorial/Yahrzeit Information

The names of deceased family members will be mentioned at the Friday evening services held in the week prior to observance of the Yahrzeit. Please list the names of those you wish to have remembered in this fashion. If you need assistance determining either the secular or Hebrew date, please contact the temple office.

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name of Deceased: \_\_\_\_\_

Relationship to Member (e.g. Father of Isaac Cohen): \_\_\_\_\_

Civil Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_

Which date do you wish to observe:            Civil Date \_\_\_\_\_            Hebrew Date \_\_\_\_\_

*(Please attach additional pages if needed)*