



# CONGREGATION BETH YESHURUN

## MEMORIAL TABLET INSCRIPTION

NAME: \_\_\_\_\_

Daytime Phone number(s) \_\_\_\_\_

Email address \_\_\_\_\_

THIS IS TO CONFIRM YOUR ORDER OF A MEMORIAL TABLET TO BE INSCRIBED AS FOLLOWS:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Hebrew Name (transliterated)*

\_\_\_\_\_

*Name in Hebrew*

Date of death: \_\_\_\_\_

Hebrew Date of death: \_\_\_\_\_

We appreciate you **checking the above carefully, correcting any errors** and then indicating your approval by **signing** form. Please keep a copy for your records. Upon receipt of this signed form and payment for the tablet, we will then place your order. Delivery normally takes 8 to 12 weeks.

The name of your **loved one** inscribed on the Memorial Tablet will be remembered in our Memorial Booklets each year, published for Yizkor on Yom Kippur/Sukkot and Passover/Shavuot. Yearly yahrzeit reminders will be sent to those members of your family listed below, and the name of your loved one will be displayed on the weekly yahrzeit wall at the entrance to the Levin Hall of Remembrance. **The full price of the tablet and these services accompanying it is \$500.**

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please list below the persons you wish to be notified of the yahrzeit:

NAME ADDRESS RELATION (to the loved one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_