

CONGREGATION BETH EL
MEMORIAL PLAQUE ORDER FORM

I authorize CONGREGATION BETH EL, 1200 Fairfield Woods Road, Fairfield, CT to purchase and maintain on the synagogue's Memorial Board a BRONZE NAME PLATE, in memory of:

*Print transliterated Hebrew name. Example: Isaac ben Abraham
(Important: Must have FULL Hebrew name)

*Print English Name

*English Date of Death

Hebrew Date of Death

*Time of Death (check one): Before Sundown After Sundown

*Name, address and telephone of person ordering plaque:

*State Relationship to departed: _____

You will be notified each year when the Yahrzeit occurs and of the appropriate service to attend.

Please enclose check made payable to CONGREGATION BETH EL. Cost is \$450 per plaque.

*SIGNED

*DATE

*** required information**