

WOODBURY JEWISH CENTER
200 South Woods Road, Woodbury, New York 11797
(516) 496-9100 Fax (516) 496-9245

REQUEST FOR YARZHEIT PLAQUE

I/We, _____, hereby request that a memorial plaque be engraved and placed upon the permanent Yahrzeit tablet in the main Sanctuary of the Woodbury Jewish Center. I/We understand that the cost of this plaque is \$500.00 and enclose a check for that amount payable to the Woodbury Jewish Center. **All information set forth below will be engraved on the plaque ordered. If you do not desire that the plaque contain information in a particular category (e.g. mother's Hebrew name), please omit such information and insert in such space the word "omit".** You are required to insert the exact Hebrew spelling of each name on this form. In the event that the précis spelling is omitted or, only a phonetic spelling is inserted, the Synagogue will engrave the plaque with an appropriate spelling of the Hebrew names. Should a subsequent request be made to change any information on the plaque, this will be done at an additional cost of \$100.00 to the congregant.

English Name of Deceased: _____

Relationship of Deceased to Member: _____

Hebrew Name of Deceased: _____
(In Hebrew or English phonetics)

Hebrew Name of Deceased's Father: _____
(In Hebrew or English phonetics)

Hebrew Name of Deceased's Mother: _____
(In Hebrew or English phonetics)

Date of Deceased's Passing: _____

Time of Day of Deceased's Passing: _____ am/pm
(please circle am or pm)

Signature

Please note that once a Yahrzeit plaque is placed on the master tablet board in the Sanctuary, it cannot later be moved to another location so as to be placed next to or near a subsequently deceased loved one. A congregant may, however, order a "Reserved" plaque to be placed next to the plaque currently ordered, for future use, thereby assuring that in the future, the plaques will remain together. The cost of ordering a "Reserved" plaque is \$500, however, there is no further cost to the congregant to engrave the actual plaque ordered in the future.

In the event you need assistance in completing this form, please feel free to contact Marty Pollak (921-7647). After completing this form, kindly return it with your remittance to the Synagogue office to the attention of Marty Pollak.

Thank you.

CHECK ENCLOSED: \$ _____