



**CONSECRATION FORM**

Dear Mourner,

We take this opportunity to wish you a long life and hope that you be spared from any further grief and sorrow.  
*Hamakom Yenachem Etchem*

**ABOUT YOU**

First Name	Surname	
Mobile Number	Home Number	Email
Address	Suburb	Postcode

**DETAILS OF DECEASED AND CONSECRATION ARRANGEMENTS**

First Name	Surname		
Hebrew Name	ben / bat Father's Hebrew Name		
Date of death	Officiating Rabbi	Consecration Date	Time

**Cemetery Details**

Plot No.	Directions from shtiebel
----------	--------------------------

Short description of the deceased and what is to be mentioned at the consecration:

---



---



---



---

Any other speakers:

---



---

**ACCOUNT**

No fee applies when a parent, grandparent or child of the deceased is a financial member of the CHC

In other cases, please send the account to (refer to current price list for fee):

First Name	Surname	
Mobile Number	Home Number	Email
Address	Suburb	Postcode

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_