

Yahrzeit Plaque Request Form

To be completed by Person Ordering the Memorial Plaque: *(Please print)*

Name of Deceased *(as you want the inscription to read)*

Date of Birth _____ Date of Death _____

Name of Person Ordering the Plaque: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email address: _____

Please send form to: Congregation B'nai Israel

3600 Riverside Blvd.

Sacramento, CA 95818

Tel: 916-446-4861 Fax: 916-446-2875

Attn: Leslie Oberst, Executive Director
execdir@bnais.com

*This space for Office
Use Only*

Date Rcvd: _____

Amt Rcvd: _____

Admin: _____

To be completed by staff when Plaque is installed:

Wall on which the Plaque is Installed—Circle One: Left Center Right

Position in which the Plaque is Installed:

Column: _____

Line: _____