

YAHRTZEIT RECORD INFORMATION

Please return this form to: Beth Jacob Congregation

9030 W. Olympic Boulevard
Beverly Hills, CA 90211
OR BY FAX: 310-278-9186

*Indicates required field				DECEDENT'S INFORMATION	
*Title:		*First Name:		*Last Name:	
*English Date of Death:			*Day or Evening	Plaque Location (for office use only):	
*Full Hebrew Name (e.g. Eli ben Father's Name or Sara bat Father's Name):					
OBSERVERS' INFORMATION					
*Observer 1:	Title:	First Name:		Last Name:	
Mailing Address:			City, State, Zip:		
Home Phone:		Relationship to Deceased:		Would you like a notice mailed to you?: YES or NO	
Observer 2:	Title:	First Name:		Last Name:	
Mailing Address:			City, State, Zip:		
Home Phone:		Relationship to Deceased:		Would you like a notice mailed to you?: YES or NO	
Observer 3:	Title:	First Name:		Last Name:	
Mailing Address:			City, State, Zip:		
Home Phone:		Relationship to Deceased:		Would you like a notice mailed to you?: YES or NO	
Observer 4:	Title:	First Name:		Last Name:	
Mailing Address:			City, State, Zip:		
Home Phone:		Relationship to Deceased:		Would you like a notice mailed to you?: YES or NO	
Observer 5:	Title:	First Name:		Last Name:	
Mailing Address:			City, State, Zip:		
Home Phone:		Relationship to Deceased:		Would you like a notice mailed to you?: YES or NO	
Observer 6:	Title:	First Name:		Last Name:	
Mailing Address:			City, State, Zip:		
Home Phone:		Relationship to Deceased:		Would you like a notice mailed to you?: YES or NO	