

Tifereth Israel Congregation

7701 16th Street, NW
Washington, DC 20012

Information Needed at Death

When death occurs, your family will need to answer these questions. We suggest you complete this form and give it to your family members. If you wish to send a copy to the synagogue office for safe keeping:

- Place the form in a sealed envelope with your name,
- Label it: *Open at time of death*
- Address: *Attention: Executive Director.*
- Mail to TI Office

If you would like the Executive Director to make a confidential review for accuracy, etc., write: *Executive Director Review* on the envelope.

Personal Information

Name:

Address:

City:

State:

ZIP:

Phone:

Phone:

Date of Birth:

Marital Status: Single Married Divorced Widow/er Partnered

Maiden Name:

Spouse:

Nickname:

U.S. Citizen Social Security No:

Contact Person:

Address:

City:

State:

ZIP:

Phone:

Relation:

Personal Information

Hebrew Name:

Bat/Ben:

Cohen Levi Yisrael

Father's name:

Mother's name (with Maiden Name):

Children:

Place of Birth:

Military Service: Branch, Era:

Highest Education:

Vocation:

Location of Cemetery or Desired Location:

Comment: