

JCAB MEMORIAL PLAQUE ORDER FORM

Purchaser's Name & email address: _____

Purchaser's Cell #: _____

Purchaser's Signature: _____

Price Per Memorial Plaque: \$360

Please make check payable to the "Jewish Center of Atlantic Beach" or call the J.C.A.B office at 516-0371-0972 with credit card information.

Date Paid: _____ Date Plaque Ordered _____ Date Plaque Received _____

Approved by: _____

Kindly complete all the information below: Questions? Please email: office@jcabshul.org

English name of deceased Including any title to appear on plaque	
Hebrew name of deceased	
Hebrew names of father and mother of deceased	
Indicate if deceased (and/or father) was a Kohen, Levi or Israel	
Did death occur before sunset or after sunset (to determine the Hebrew date)	
Hebrew date of death (Yahrzeit date to be observed)	

Sample Format

English Name	
Hebrew Name (שמעון מנחם הלוי בן שלמה ורבקה)	
English date of Death (e.g. August 24, 2019)	Hebrew Date of Death in Hebrew or English (e.g. 23 Av, 5779)