



113 Washington Street, Brighton, MA 02135

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ORDER FORM FOR MEMORIAL PLAQUES

DATE order placed: _____

PURCHASED BY: _____

Tel: _____

\$300 / Member \$450 / Non-member

Amount paid: \$ _____ Balance due: \$ _____ Date paid: ____/____/_____

NAME OF DECEASED:

English name	
Hebrew name	
Deceased's father's Hebrew name	
Civil date of death	
Hebrew date of death	

Names and relationships of family members to be notified of Yohr Tzeit:

Name Relationship

Name Relationship

Name Relationship

PLACE NEXT TO: _____

PLACE RESERVE PLAQUE FOR: _____

MEMORIAL AND RESERVE PLAQUES WILL BE ORDERED ONLY WHEN PAID IN FULL

.....*For office use only*.....

Date ordered: ____/____/_____