



MEMORIAL PLAQUE **ORDER** FORM

This form is to order a plaque now for a deceased person.

For each plaque, submit form & \$500.00 payable to Temple Emunah with Mem. Plaque in the memo line.

Send to: Elissa Oppenheim, Temple Emunah, 9 Piper Road, Lexington, MA 02421

Tel: 781-861-0300 ☆ Fax: 781-861-7141 ☆ E-mail: eoppenheim@templeemunah.org

Donor's Information:

Name: _____	Date: _____
Phone Number: _____	E-mail: _____
Relationship to Deceased: _____	
<input type="checkbox"/> \$500 check enclosed - Check # _____	or <input type="checkbox"/> Previously Reserved

Information for Plaque:

ENGLISH NAME	
HEBREW NAME (English transliteration) Format: [deceased's name] ben/bat [father's name] v' [mother's name]	Name: _____ <input type="checkbox"/> Kohen ben/bat/b': _____ <input type="checkbox"/> Levi Father's name: _____ Mother's name: _____
IN HEBREW LETTERS (if known)	
DATE OF DEATH (secular)	Secular: _____ Hebrew (if known): _____
TIME OF DEATH (at location of death)	
DOCUMENTS PROVIDED (optional e.g., photo of gravestone, copy of ketubah, etc.)	List: _____
REQUESTED LOCATION (optional)	1) <input type="checkbox"/> left side or <input type="checkbox"/> right side (of sanctuary, facing bimah) 2) <input type="checkbox"/> toward bimah or <input type="checkbox"/> toward rear (of sanctuary) 3) near another plaque Specify _____

Shaded Area for Office Use Only:

DATE VERIFIED BY RABBI _____	DATE APPROVED BY FAMILY _____
DATE ORDERED _____	DATE INSTALLED _____
SCHEDULED FOR DEDICATION: <input type="checkbox"/> Shemini Atzeret (Fall) or <input type="checkbox"/> Shavuot (Spring)	
PAID BY <input type="checkbox"/> Check # _____ or <input type="checkbox"/> Billed Account or <input type="checkbox"/> RESERVED LOCATION # _____	
Attach RESERVE FORM	