



Virtual Yahrzeit Plaque Form  
Cost: \$500

Title (Dr., Prof., etc.) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix (Jr., Sr., etc.) \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Birth \_\_\_\_\_

Follow Hebrew Calendar? Yes No Secular? Yes No  
If Hebrew Calendar, did they pass after sunset? Yes No

Gender: Male Female Other

Would you like to receive an Annual Yahrzeit Notification? Yes No  
If yes, would you like email notifications? Yes No Letter? Yes No Both? Yes No

### Observers Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

\* We can have up to six observers, if more room is needed, please copy and add pages.

### Special Quote relating to loved one

\_\_\_\_\_  
\_\_\_\_\_

