

Ohavay Zion Synagogue

2048 Edgewater Court – Lexington, Kentucky 40502

Yahrzeit Plaque Order Form

Your Information

Date: _____

Name: _____

Address: _____

Phone: _____

Deceased's relation to you? _____

Does this plaque need to be placed next to another plaque? Yes No

If yes,
whom? _____

Signature: _____

Please be certain that the plaque information is written clearly and accurately. Your order must be accompanied by a check in the amount of \$250 made payable to Ohavay Zion Synagogue. If you have any questions, please call the Rabbi.

Plaque Information

English Name of the Deceased: _____

English Date (including year): _____ Before or After Sundown _____

Hebrew Date of Death, if known: _____

Hebrew Name of the Deceased: _____

Hebrew Name of the parents of the Deceased:

Mother: _____ *Father:* _____

Date Ordered: _____ Date Received: _____

Phone: (859) 266-8050 Fax: (859) 268-3357 E-mail: ozslex@insightbb.com Website: <http://www.ozs.org>