



B'nai Shalom

Morris & Miriam Hammer Campus

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Yahrzeit Listing

Family Name _____
 Address _____
 City _____ State _____ Zip _____

Please fill out all of the information and return to the office. If you have any questions, please contact the Rabbi.

Person 1	<p>Name of Observer _____</p> <p>Relationship to Deceased _____</p> <p>English Name of Deceased _____</p> <p>Hebrew Name of Deceased _____</p> <p>English Date of Death _____ Time of Death _____ AM PM</p> <p>Hebrew Date of Death (if known) _____</p>
Person 2	<p>Name of Observer _____</p> <p>Relationship to Deceased _____</p> <p>English Name of Deceased _____</p> <p>Hebrew Name of Deceased _____</p> <p>English Date of Death _____ Time of Death _____ AM PM</p> <p>Hebrew Date of Death (if known) _____</p>
Person 3	<p>Name of Observer _____</p> <p>Relationship to Deceased _____</p> <p>English Name of Deceased _____</p> <p>Hebrew Name of Deceased _____</p> <p>English Date of Death _____ Time of Death _____ AM PM</p> <p>Hebrew Date of Death (if known) _____</p>
Person 4	<p>Name of Observer _____</p> <p>Relationship to Deceased _____</p> <p>English Name of Deceased _____</p> <p>Hebrew Name of Deceased _____</p> <p>English Date of Death _____ Time of Death _____ AM PM</p> <p>Hebrew Date of Death (if known) _____</p>