



# MEMORIAL PLAQUE APPLICATION FORM

CONGREGATION BETH EL  
8000 MAIN STREET  
VOORHEES, NJ 08043

I wish to establish a perpetual memorial in the Beth El Memorial Room for:

\_\_\_\_\_  
Name of Deceased (please print)

\_\_\_\_\_  
Hebrew Name of Deceased (Please print in English and Hebrew)

\_\_\_\_\_  
Date of Death (English)

\_\_\_\_\_  
Date of Death (Hebrew)

Ordered by \_\_\_\_\_

Relation to Deceased \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

I am enclosing my check in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ number of plaques at \$575 per plaque.

\_\_\_\_\_  
Signature

FOR OFFICE USE ONLY

Date Ordered: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Date Installed: \_\_\_\_\_

Plaque Location: \_\_\_\_\_