

# Congregation Beth Shalom Memorial Board Plaque Form

For CBS Ritual Committee:  
 Date received: \_\_\_\_\_  
 Payment: \_\_\_\_\_  
 Plaque Ordered on: \_\_\_\_\_  
 By: \_\_\_\_\_

*This information is required to order a Memorial Plaque.*

*Please provide all information as complete as possible and print clearly.*

*Use ONE FORM PER PLAQUE, Each Plaque is \$450, Once complete return form to CBS*

Info required to make the plaque - Enter data in the fields below

Memorialized Name as you wish it to appear on the brass plaque: (Ex. First Middle Last, nickname, initials, etc.)	
The Hebrew or Yiddish Name of the person on the plaque	
What's the Mother's Hebrew or Yiddish name	
What's the Father's Hebrew or Yiddish name	
Date of Death (English Month, Day & Year)	
Was the time of death	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown <input type="checkbox"/> Don't know
Was the person a .....	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Don't know

*The information you provided will be styled to existing memorial plates.*

*Submit to CBS Ritual Chairperson with your donation.*

*Allow 6-8 weeks for plate to be made and delivered to synagogue.*

This form is submitted by: \_\_\_\_\_

Address (street, city, state & zip): \_\_\_\_\_

Phone number if there are any questions regarding this order. \_\_\_\_\_

Check enclosed

Credit Card - Visa/MC # \_\_\_\_\_ Expiration date: \_\_\_\_\_ CCV: \_\_\_\_\_

*(Please note: you agree that 3% will be added when using a Credit Card)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this form to: CBS • P0 Box 2737 • Corona, CA 92878    ATTN: Ritual Chairperson