



## Kehilla Community Synagogue Family Yahrzeit Form 2008-09

Below we ask you to give us information about loved ones who have died. This is so that we may send you and others in your family “Yahrzeit cards” – reminders close to the Hebrew anniversary of your loved one’s death, so that you can observe this date according to Jewish tradition, and your own family’s traditions. If you do not wish to share this information, simply leave this section blank. **NOTE: If you are renewing your membership and have already given us your yahrzeit information, you need only give us updates for this past year. Thank you!**

**Your Name (First Adult):** \_\_\_\_\_

**1<sup>st</sup> Deceased Person’s Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

English/Secular Date of Death: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ After sundown?  Yes  No

Hebrew/Jewish Date of Death (if known): \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_

Please notify me based on:  the anniversary of the Jewish date, or  the Secular anniversary date  
[For the Jewish anniversary, you will be notified about the corresponding Secular date which is different each year.]

Relationship to you: \_\_\_\_\_

People to notify:  Self/Household and  Others:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2<sup>nd</sup> Deceased Person’s Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

English Date of Death: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ After sundown?  Yes  No

Hebrew Date of Death (if known): \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_

Please notify me based on:  English date of death, or  Hebrew date of death

Relationship to you: \_\_\_\_\_

People to notify:  Self/Household and  Others:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☞ If you would like reminders for additional yahrzeits, please include that information on an additional sheet. You can download another copy of this form from our website at [www.KehillaSynagogue.org/Membership](http://www.KehillaSynagogue.org/Membership)

# Family Yahrzeit Form 2008-09 *[continued]*

**Your Name (Second Adult):** \_\_\_\_\_

**1<sup>st</sup> Deceased Person's Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

English Date of Death: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ After sundown?  Yes  No

Hebrew Date of Death (if known): \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_

Please notify me based on:  English date of death, or  Hebrew date of death

Relationship to you: \_\_\_\_\_

People to notify:  Self/Household and  Others:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2<sup>nd</sup> Deceased Person's Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

English Date of Death: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ After sundown?  Yes  No

Hebrew Date of Death (if known): \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Please notify me based on:  English date of death, or  Hebrew date of death

Relationship to you: \_\_\_\_\_

People to notify:  Self/Household and  Others:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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