

**APPLICATION FOR NAMEPLATE**

ON

**Yahrzeit Tablet**

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

Inscription Details on 2" x 10" Bronze Plate: ( Please Print )

ENGLISH NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_  
( Include Deceased Father's Hebrew Name )

ENGLISH DATE

HEBREW DATE

\_\_\_\_\_  
Please indicate before  
Or after dark

\_\_\_\_\_

I /We hereby subscribe the sum of \$ \_\_\_\_\_ for a nameplate on the  
BETHPAGE JEWISH COMMUNITY CENTER Yahrzeit Tablet.

PAID IN FULL: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

DATE: \_\_\_\_\_

DONOR'S SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

NOTE: HEBREW NAME MUST BE COMPLETE NAME IN HEBREW.  
RABBI SETH D. GORDON WILL HELP IF ASKED.