

Yahrzeit Database Form

Your First Name: _____ Your Last Name: _____

Your Gender (check one):

- Male
 Female

Your Street Address: _____

Your City, State, Zip: _____

Your E-Mail Address: _____

Your Home Phone: _____

Your Cell Phone: _____

Deceased's Name in English: _____

Deceased's Hebrew Name in English letters: _____

Please circle the Hebrew month of the Yahrzeit:

Tishrei *Cheshvan* *Kislev* *Tevet* *Shevat* *Adar I* *Adar II*

Nisan *Iyar* *Sivan* *Tammuz* *Av* *Elul*

Date of Yahrzeit (1 to 31): _____

Note: if you don't know the Hebrew date of the Yahrzeit, please enter the English month, date, and year of death: _____

Deceased's Relationship to You: _____

Notes: _____

Options (check as many as you want):

- Send reminder via E-mail shortly before the Yahrzeit date
 Send reminder via US Mail shortly before the Yahrzeit date (if offered)
 Display this Yahrzeit on the Shul's electronic bulletin board and/or announcements, if applicable