

# Ohavay Zion Synagogue

2048 Edgewater Court – Lexington, Kentucky 40502

## Yahrzeit Plaque Order Form

### Your Information

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

Deceased's relation to you? \_\_\_\_\_

Does this plaque need to be placed next to another plaque?  Yes  No

If yes,  
whom? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Please be certain that the plaque information is written clearly and accurately. Your order must be accompanied by a check in the amount of \$360 made payable to Ohavay Zion Synagogue. If you have any questions, please call the Rabbi.

### Plaque Information

English Name of the Deceased: \_\_\_\_\_

English Date (including year): \_\_\_\_\_ Before or After Sundown \_\_\_\_\_

Hebrew Date of Death, if known: \_\_\_\_\_

Hebrew Name of the Deceased: \_\_\_\_\_

Hebrew Name of the parents of the Deceased:

*Mother:* \_\_\_\_\_ *Father:* \_\_\_\_\_

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

Date Received: \_\_\_\_\_

Phone: (859) 266-8050 Fax: (859) 268-3357 E-mail: [ozslex@insightbb.com](mailto:ozslex@insightbb.com) Website: <http://www.ozs.org>