



Ohavay Zion Synagogue

2048 Edgewater Court ☆ Lexington, Kentucky 40502
office@ozs.org 859-266-8050

Yahrzeit Plaque Order Form

Your Information:

Date: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Deceased's relation to you: _____

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

If yes, whom? _____

Signature: _____

Plaque Information

Please be certain that the plaque information is written clearly and accurately. Please include a check in the amount of \$360.00 made payable to OZS with your order. If you have any questions please call the office.

English Name of the Deceased: _____

English Date (mm/dd/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: _____