



**BETH ISRAEL CONGREGATION  
3706 Crondall Lane  
Owings Mills, MD 21117**

For Office Use Only
Prepared by: _____
Vendor: _____
Date Sent: _____
Date Installed: _____
Location: _____

**Memorial Plaque Order Form  
Please Print All Information**

Ordered by: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 \_\_\_\_\_

Please Check One

<input type="checkbox"/>	Engraved Duranodic Aluminum \$500
<input type="checkbox"/>	Use my previously reserved space

Plaque Information:

English Name \_\_\_\_\_

Hebrew Name\* \_\_\_\_\_

First Hebrew Name/Optional: Middle Hebrew Name son of/daughter of Fathers' Hebrew Name and Mothers' Hebrew Name

\*Please check if you would like assistance with your loved one's Hebrew name \_\_\_\_\_

English Date of Death \_\_\_\_\_ Before Sunset \_\_\_\_\_ After Sunset \_\_\_\_\_

Hebrew Date of Death\* \_\_\_\_\_

\*Please check if you would like assistance in determining Hebrew Date of Death \_\_\_\_\_

Special Instructions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Deposit of \$100 is required with this form. Balance is due when plaque is installed unless special arrangements have been made with executive director.

Please write a sentence about your loved one to be read at the plaque dedication on Selichot:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ONCE PLAQUES ARE INSTALLED THEY ARE PERMANENTLY AFFIXED. YOU MAY PURCHASE THE ADJACENT SPACE FOR FUTURE MEMORIAL PLAQUES. PLEASE CONTACT DAVID ROTHENBERG FOR DETAILS.**

I the undersigned request that a memorial plaque be ordered based on the above information.

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