

Maplewood Jewish Center
The Charles Kimmel Building
113 Parker Avenue
Maplewood, NJ 07040

Memorial Board Plaque Order Form

Name of Person ordering the Plaque(s): _____

Address: _____ Phone: _____

First Plaque

Name of deceased in English: _____

Name of deceased in Hebrew, including person's father's Hebrew name: _____

Date of Death (Jewish Calendar*): _____

Date of Death (Secular Calendar): _____

Second Plaque

Name of deceased in English: _____

Name of deceased in Hebrew, including person's father's Hebrew name: _____

Date of Death (Jewish Calendar*): _____

Date of Death (Secular Calendar): _____

**If only the secular date is known, the corresponding Hebrew date will be calculated; please state if death occurred before or after sunset.*

Add additional names on a separate sheet, if necessary.

Payment

Total Number of Plaques: ____ @ \$360 each

Please make checks payable to: Maplewood Jewish Center

Submit order form and payment to:

Maplewood Jewish Center
The Charles Kimmel Building
113 Parker Avenue
Maplewood, NJ 07040