

B"H.

KETER TORAH SYNAGOGUE - Azkarah-Yahrzeit Book

Your Full Name: _____

Address: _____

Telephone: _____ Cell: _____

1. HEBREW Name of love one: _____

Mother's name of your love one: _____

Relation to you: _____

HEBREW Date of Azkara-Yahezeit: _____

(If you know the Hebrew date, then skip the English date info)

English Date of Azkara-Yahezeit: _____ Time of death: _____

(Needed for the Hebrew date. Very important to know if death was BEFORE or AFTER sunset).

2. HEBREW Name of love one: _____

Mother's name of your love one: _____

Relation to you: _____

HEBREW Date of Azkara-Yahezeit: _____

(If you know the Hebrew date, then skip the English date info)

English Date of Azkara-Yahezeit: _____ Time of death: _____

(Needed for the Hebrew date. Very important to know if death was BEFORE or AFTER sunset).

3. HEBREW Name of love one: _____

Mother's name of your love one: _____

Relation to you: _____

HEBREW Date of Azkara-Yahezeit: _____

(If you know the Hebrew date, then skip the English date info)

English Date of Azkara-Yahezeit: _____ Time of death: _____

(Needed for the Hebrew date. Very important to know if death was BEFORE or AFTER sunset).