



Yahrzeits

Memorial Dates for Loved Ones

Please remember to update Yahrzeit Information as needed.

I/We wish to have the following Yahrzeits honored:

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

- *Please indicate any additional names on the reverse of this form.*
- *For information on the purchase of plaques for our Memorial Wall, please contact the JCSVV office at 928.204.1286 or <http://www.jcsvv.org/contact> for the appropriate form, or just click on the MEMORIAL WALL PLAQUE ORDER FORM Link on the website Donate page: <https://www.jcsvv.org/donate/memorial-wall-plaques/>*
- JCSVV, PO Box 13, Sedona, AZ 86339 • 928.204.1286 • [contact us](#) • <https://www.jcsvv.org/>