

# ***Kehila Chadasha***

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## **Yahrzeit Information**

Please fill out the information below and return to the Am Kolel office if you would like to be reminded of the Yahrzeit of loved ones.

### **Member Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Deceased Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(English) (Hebrew)

Cemetery Location: \_\_\_\_\_

Would you like to receive an annual Yahrzeit reminder for this person? Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(English) (Hebrew)

Cemetery Location: \_\_\_\_\_

Would you like to receive an annual Yahrzeit reminder for this person? Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(English) (Hebrew)

Cemetery Location: \_\_\_\_\_

Would you like to receive an annual Yahrzeit reminder for this person? Yes  No

**Please return this form to Am Kolel Sanctuary & Renewal Center**

19520 Darnestown Road  
Beallsville, MD 20839-3308

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