



# New Member Information Form 2021-2022



**Title**      Last Name                                      First Name                                      Informal Name/Nickname

Hebrew Name (if applicable)                                      Father's Hebrew Name                                      Mother's Hebrew name                                      Tribe

Occupation (list previous one if retired)                                      Current Employer

Emergency Contact Name                                      Relationship                                      Cell Phone

Check here for permission to send emails                                       Snowbirds check here (please write secondary address on back)

**Partner (if applicable)**      Wedding anniversary M/D/YR (if applicable) \_\_\_\_\_  Check here for permission to send emails

**Title**      Last Name                                      First Name                                      Informal Name/Nickname

Hebrew Name (if applicable)                                      Father's Hebrew Name                                      Mother's Hebrew name                                      Tribe

Occupation (list previous one if retired)                                      Current Employer

**Yahrzeits-** Notices are mailed on the anniversary and names will be read according to the Hebrew date of passing.

Loved one's name*	English Date of Passing* m/d/y	Hebrew date, if known m/d/y	Before/after sundown	Observer Name*	Relationship*

## Children (under 26 or on Social Security Disability Insurance)

Name (First Last)                                      Current School                                      Hebrew Name (if applicable) Include mother and father if different from above.

Name (First Last)                                      Current School                                      Hebrew Name (if applicable) Include mother and father if different from above.

Name (First Last)                                      Current School                                      Hebrew Name (if applicable) Include mother and father if different from above.

## Relationship to other CSH Members

Name of CSH member	Relationship	You or Partner's name:

Check here if you would like information about cemetery plots in the Shirat Hayam Cemetery on Lowell St., Peabody.

Please return this information form to [Barri@ShiratHayam.org](mailto:Barri@ShiratHayam.org) or mail to 55 Atlantic Avenue, Swampscott 01907. If you have any questions, please call (781) 599-8005.