



New Member Information Form 2023-2024



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

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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.

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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 or mail to 55 Atlantic Avenue, Swampscott 01907. If you have any questions, please call (781) 599-8005.