

Congregation Beth Tefillah
452 Forest Avenue
Paramus, NJ 07652

MEMBER INFORMATION SHEET

Husband's Information

Family Name _____ First Name _____ Title _____

Address _____

Phone at home: _____ Phone at work _____

Email address _____ cell phone _____

(please check one or both boxes)

I wish to receive shul-related phone messages on my cell

I wish to receive shul-related phone messages at home

Wife's Information

Family Name _____ First Name _____ Title _____

Address _____

Phone at home _____ Phone at work _____

Email address _____ cell phone _____

(please check one or both boxes)

I wish to receive shul-related phone messages on my cell

I wish to receive shul-related phone messages at home

Children Information

Child #1
Name and birthdate _____

Child #2
Name and birthdate _____

Child #3
Name and birthdate _____

Child #4
Name and birthdate _____

(please attach separate sheet for more children)

Yahrzeit Information

Deceased's Name _____

Hebrew date of death _____

Relationship to family _____

Deceased's Name _____

Hebrew date of death _____

Relationship to family _____

Deceased's Name _____

Hebrew date of death _____

Relationship to family _____

Deceased's Name _____

Hebrew date of death _____

Relationship to family _____

(please attach separate sheet for more decedants)