



CHEVRA KADISHA "ERETZ HACHAIM"  
"חברה קדישא "ארץ החיים"

**Application Form For Chelkos טופס רישום**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last: \_\_\_\_\_

First: \_\_\_\_\_

Full Hebrew Name:

Last: \_\_\_\_\_

First: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Cohen       Levi       Yisrael

Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Application for spouse enclosed

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_

Name, Address & Tel. of closest relative (or other chosen contact):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICIAL USE

SOCIETY \_\_\_\_\_ אגודה/חברה

Certificate number \_\_\_\_\_ מספר תעודה

Area \_\_\_\_\_ גוש

Section \_\_\_\_\_ חלקה

Row \_\_\_\_\_ שורה

Plot \_\_\_\_\_ קבר