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SYDNEY CHEVRA KADISHA

172 Oxford Street, Woollahrah NSW

Deceased Details

Deceased First Name/s:

Deceased Surname:

Location / Address Where Deceased Passed Away:

Current Location of Deceased (if different to above):

Date of Passing: **Time:**

Deceased Date Of Birth:

Deceased Residential Address (if different to above):

Next of Kin Details

First Name/s: **Surname:**

Mob: **Ph:** **Email:**

Residential Address:

Relation to Deceased:

Deceased Details

Deceased Full Hebrew Name:

Deceased Occupation During Working Life:

Was Deceased Retired (Y/N): If Yes, Type of Pension -Aged / Invalid / Veteran / Other

Place of Birth: Town: **Country:**

Date of Arrival to Australia (dd/mm/yyyy):

Marital Status at Time of Death:

Deceased Tribe: Cohen Levy Israelite

Funeral / Minyan Details

Cemetery Name:

Grave No.: **Grave (Reserved) No.:** **Section No.:**

Name of Synagogue (if deceased is a member):

Name of Officiant (Rabbi/Reverend):

Funeral Service Date: **Time:** **Location:**

Do you Require Mourners Cars? Y / N **Sedan (4 Passenger):** ____ **Limos (8 Passenger):** ____

Address for Car Pick Up: **Pick Up Time:**

Minyan/im Full Address: **Books:** **Candles:**

Minyan/im Details: **Date/s:** **Time/s:**

