



OD YOSEF HAI

בס"ד

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Dayan Abraham David Shli'ta

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Yahrseit Registration

Please complete this form for allocation of Aliyoth. The Rabbi and Gabbaim will decide the priority for allocation according to the Halacha.

Name: _____

Address: _____

Tel: _____

Mobile: _____

LIST OF DECEASED

Member's Name	Relationship	Name of Deceased & Father or Mother's First Name	Hebrew Date

IT WOULD ALSO BE ADVISABLE IF YOU WOULD INFORM THE GABBAIM IN ADVANCE EACH TIME A YAHRSEIT IS DUE.