**Adath Yisroel Burial Society**

In conjunction with the Union of Orthodox Hebrew Congregations

40 Queen Elizabeth’s Walk London N16 0HJ

Telephone: 020 8802 6262 Facsimile: 020 8800 8764

Stamp and date of A.Y.B.S. Burial Grounds:

Carterhatch Lane Enfield

Silver Street Cheshunt

**Application for burial rights as a member of the: ………………………………………………………….....**

**Name:** …………………………………………………………………………………………………………………

**Jewish name and his father’s Jewish name:** ………………………………………………............................

**Address:** ………………………………………………………………………………………..................................

**Date of birth** …………………**email address**.............................................. **Phone number**: ………………

**Married or single**: …………………… **At which shul was marriage solemnised**: ………………………..

**Wife’s full name: ……………………………………………… Wife’s date of birth: …………………………**

**Wife’s Jewish name and her father’s Jewish name**: …………………………………………………………

**Please list below details of unmarried children under the age of 25:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **English first name** | **Jewish name** | **Date of birth** |  | **English first name** | **Jewish name** | **date of birth** |
| 1 |  |  |  | 4 |  |  |  |
| 2 |  |  |  | 5 |  |  |  |
| 3 |  |  |  | 6 |  |  |  |

Any further details of children to be completed overleaf

Health of applicant (give particulars of any illness during the past 12 months)

Health of wife and children (give particulars of any illness during the past 12 months)

An applicant who is or has been a member of the Burial Society must declare on the reverse of this form, the period of such membership, and through which synagogue the membership was affected.

**ANY APPLICANT MAKING A WRONG DECLARATION WILL FORFEIT HIS BURIAL RIGHTS**

In the event of an emergency, the Burial Society is responsible for transportation in Greater London only. New members are not entitled to the benefits for the society until 13 weeks have elapsed from the date of their application being accepted by the committee.

**I declare the above statements correct to the best of my knowledge:**

Date received:……………………………………………………. Signature of applicant:…………………………………………….

Signature of Synagogue official:…………………………………

**MEMBERSHIP COVERS BURIAL IN CHESHUNT. FOR ENFIELD THERE WILL BE AN EXTRA CHARGE**