

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(English): _____
 Address: _____
 Phone number: _____
 Date of Birth of applicant: _____, married or single: _____
 Wife's full name (English): _____
 Wife's date of birth: _____
 At which shul was marriage solemnised: _____
 Unmarried children under the age of 21:

	first name	date of birth		first name	date of birth
1			4		
2			5		
3			6		

Details of more 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:.....

Date accepted:.....

Date:.....

Entrance Fee £.....

Signature of Synagogue official:.....