



Temple Beth Sholom MITZVAH BRICK

Parent(s) Name(s)

Name of Bar/Bat Mitzvah (as you would like it to appear on the brick)

Date of Bar/Bat Mitzvah

Parent Signature

For Office Use Only

Listed on Brick Form _____ Date _____ By _____

Order Number _____

Date Ordered _____

Location in Courtyard _____

