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| ***Member Information MALE FEMALE*** | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | |
| **Last Name:** | |  | | | | | | | **Salutation:** | | 🗖 Dr 🗖 Mr 🗖 Mrs 🗖 Ms 🗖 Miss  🗖 Kohen 🗖 Levi 🗖 Yisroel | |
|  | | | **English** | | | | | **Hebrew** | | | | |
| First Name: | | |  | | | | |  | | | | |
| Name for an Aliyah: | | | **Your Hebrew name followed by Father’s Hebrew name** | | | | |  | | | | |
| Father’s Name: | | |  | | | | |  | | | | |
| Mother’s Name: | | |  | | | | |  | | | | |
| Mother’s Maiden Name: | | | |  | | | |  | | | | |
| Address: | Suite #: | | | | | | | | | | | |
| City: |  | | | Prov: |  | Postal  Code: |  | | | Home  Phone: | |  |

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wedding Anniversary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:

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| ***Employment Information*** | | | | | | | |
|  | | | | | | | |
| **Business Name:** | |  | | | 🗖 Proprietor 🗖 Partner 🗖 Employee | | |
| Address: | Suite #: | | | | | | |
| City: |  | | Province: |  | Postal Code: | |  |
| Phone: |  | | Fax: |  | | Other: |  |

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| ***Yahrzeit Information*** | | | | | |
|  | | | | | |
|  | **English** | **Hebrew** | | **Relationship** | |
| **Name:** |  | |  | |  |
| Yahrzeit: |  | |  | |  |
|  |  |  | |  | |
| **Name:** |  | |  | |  |
| Yahrzeit: |  | |  | |  |
|  |  |  | |  | |
| **Name:** |  | |  | |  |
| Yahrzeit: |  | |  | |  |
|  |  |  | |  | |
| **Name:** |  | |  | |  |

**Conversion Information**

Did you convert to Judaism? \_\_\_\_\_\_\_\_\_\_\_\_ W H If so, in what year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, who oversaw your conversation?

Rabbi Shul Name City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were any of your parents or grand-parents not born Jewish? \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Converted? Yes / No

If there was a conversion, please specify:

Rabbi Shul Name City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information**

If you have any special comments, concerns, or questions, please indicate them here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby certify that all information given above is true and correct and that I, and all members of my

immediate family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Halachik Standards.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabbi's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_