



B'nei Mitzvah Application Form

☐ Bar mitzvah

☐ Bat mitzvah

English Date: _____ Hebrew Date: _____

Parasha: _____ Date of Application: _____

Child's Details	
Surname: Given Name: <input type="checkbox"/> Birth Certificate Attached	Preferred Name: Hebrew Name: (e.g., Yaacov ben Shmuel HaLevi)
Date of Birth: Hebrew Date: Time: Before/After sunset	Place of Birth: (Town & Country) Birth Status: <input type="checkbox"/> Natural Child <input type="checkbox"/> Adopted <input type="checkbox"/> IVF <input type="checkbox"/> Surrogacy Date of adoption: (if applicable)
Tribe: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	School:
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> other	Bar/Bat Mitzvah teacher's name:

Parent's Details	
Father: Full Name	Mother: Full Name
Hebrew Name: (e.g., Yaacov ben Shmuel HaLevi)	Hebrew Name: (e.g., Rivka bat Shmuel HaLevi)
Tribe: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	Mother's Maiden Name:
Born Jewish: <input type="checkbox"/> Yes <input type="checkbox"/> No CHC member <input type="checkbox"/>	Born Jewish: <input type="checkbox"/> Yes <input type="checkbox"/> No CHC member <input type="checkbox"/>
Address:	Address:
Suburb: Postcode:	Suburb: Postcode:
T (H): Mob.:	T (H): Mob.:
T (W): Fax:	T (W): Fax:
Email:	Email:
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Father remarried/partnered <input type="checkbox"/> Mother remarried/partnered	

Biller details:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ Mob.: _____	
Email: _____	



CAULFIELD
SHULE

CONNECTING OUR COMMUNITY

Other Children:		
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.:
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.:
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.:
Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.:

Please enclose photocopies of:

☐ Child's Birth Certificate ☐ Parent's Ketubah

APPROVED BY RABBI: ☐ DATE: _____

If you are not hosting a kiddush for the congregants on the occasion of your simcha, then a contribution toward the shule kiddush is required. This Kiddush will be for the congregants only and does not include catering for additional simchests.

Name of person completing this form: _____

Signature: _____ Date: _____

Please note this application will not be considered as a firm booking until it is approved by the rabbi and you will be notified accordingly.