



Lighting the path for all generations

B'NAI MITZVAH QUESTIONNAIRE

Child's Full Name _____

Child's Nickname _____ Child's Hebrew Name _____

Name of Parent 1 _____

Hebrew Name of Parent 1 _____

Name of Parent 2 _____

Hebrew Name of Parent 2 _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address of Parent 1 _____

E-Mail Addresses of Parent 2 _____

Address of parent (if not at the same address) _____

City _____ State _____ Zip Code _____

Step Parent(s) Involved in Bar/Bat Mitzvah _____

Date of Birth of Child _____ Date of Ceremony _____

Names & Ages of Siblings _____

Shared With _____

Vacation or Camp Plans _____

Are there any medical, psychological, social situations that we should be aware of, as pertaining to the Bar/Bat Mitzvah (i.e., divorce, learning disability or medical problem):

*No. of guests you expect at Bar/Bat Mitzvah _____

Jacob's Ladder Yes No

Service Attendance Yes No

Israel Bonds Yes No

Clergy Notes: _____
