

**B'nai Israel Congregation
Bar/Bat Mitzvah Information Form
Request for Kibbudim (Honors)**

Date of Bar/Bat Mitzvah _____ Name of Portion _____

Full English Name of Child _____

Day Telephone _____ Home Telephone _____

(The full Hebrew name consists of the person's first and middle names, the first and middle name of that person's father and the first and middle name of that person's mother, i.e., Moshe ben Rafael v'Leah or Sarah bat Mordechai u'Nehamah Tamar.)

Child's Full Hebrew Name _____

Father's Full English Name _____

Father's Full Hebrew Name _____

Mother's Full English Name _____

Mother's Full Hebrew Name _____

Ark Opening (as Torah is taken out, p. 139, maximum of 6 people, **must be Jewish**):

1. _____ 2. _____

Aliyot

Please note that **only two people** may share an aliyah, no more. **They must be Jewish.** Each family will get three aliyot. These may be taken by **parents or grandparents, or any combination of two relatives/friends.** Couples can recite the blessing together. (Even in the case of a double bar/bat mitzvah, you will still receive these 3 *aliyot*.)

Full English Name	Full Hebrew Name (including parents)
1. a. _____	_____ Ben/Bat _____ <i>Kohen Levi Yisrael (circle one)</i>
b. _____	_____ Ben/Bat _____ <i>Kohen Levi Yisrael (circle one)</i>
2. a. _____	_____ Ben/Bat _____ <i>Kohen Levi Yisrael (circle one)</i>
b. _____	_____ Ben/Bat _____ <i>Kohen Levi Yisrael (circle one)</i>
3. a. _____	_____ Ben/Bat _____ <i>Kohen Levi Yisrael (circle one)</i>
b. _____	_____ Ben/Bat _____ <i>Kohen Levi Yisrael (circle one)</i>

Hamagbiah (Raiser) **must be Jewish**

Hagolel (Wrapper) **must be Jewish**

1. _____

2. _____

*In the case of a double bar/bat mitzvah, the following will apply:

One family will open the Ark as the Torah is taken out on page 139

The other family will open the Ark when the Torah is returned on page 154

One family will have *Hamagbiah*; the other family will have *Hagolel*.

Please understand that other congregational life cycle events may be occurring on the same day as your *simha* such as a baby naming, *auf ruf*, anniversary, etc. It is possible that your guests may share an honor with honorees from one of these families. **The Ritual Director will divide up the honors as appropriate.

***If you have non-Jewish guests you wish to honor, please let us know so we can make them feel welcomed and honor them appropriately.

Ark Opening (as Torah is returned, p. 154, maximum of 6 people, **must be Jewish**):

1. _____ 2. _____

Siblings of Bar/Bat Mitzvah: _____

Paternal Grandfather:

Full English Name _____

Full Hebrew Name _____

attending* deceased alive

Paternal Grandmother:

Full English Name _____

Full Hebrew Name _____

Maternal Grandfather:

Full English Name _____

Full Hebrew Name _____

Maternal Grandmother:

Full English Name _____

Full Hebrew Name _____

* please let us know if any special accommodations need to be made (ramp, wheelchair, etc.)

History of Family Synagogue Affiliation _____

Religious School Background _____

Day School/Secular School _____

(Please submit this form to Liat Novek (liat@bnaiisraelcong.org) by email, mail or fax 301-881-6221, at least **1 MONTH PRIOR** to your *simha*)