



Young Israel of
Pelham Parkway
Jewish Center

RICH HISTORY, BRIGHT FUTURE

2190 Muliner Avenue
Bronx, New York 10462
Phone: 718-824-0630
Fax: 718-824-0631
bronxshul@yippjc.org
yippjc.org

Community Questionnaire

As we continue our efforts to better serve the community, it is important for the shul to have up to date records for all of our stakeholders.

If you are on our email list, you should have received a message about how to update your information online, but if that is inconvenient, please fill out this form and return it to Rabbi Keil or the shul office, so that we can update your database records.

RABBI

Ben Keil

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Charles Landsberg

PRESIDENT

Rabbi Yitzchak Gross

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Kenneth Gelnick, Esq.

2ND VICE-PRESIDENT

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TRUSTEES

Kenneth Gelnick

Steven Glosser

Charles Landsberg

Name: _____
Home Address: _____
City, State, Zip: _____
Email Address: _____
Home Phone Number: _____
Cell Phone Number: _____

Optional Information

Hebrew Name: _____
Tribe: _____
Father's Name: _____
Father's Hebrew Name: _____
Mother's Name: _____
Mother's Hebrew Name: _____

Occupation: _____
Employer: _____
Work Phone: _____

Birthdate: _____
Marital Status: _____

Spouse's Information, if Relevant

Name: _____
Email Address: _____
Cell Phone Number: _____

Hebrew Name: _____
Father's Name: _____
Father's Hebrew Name: _____
Mother's Name: _____
Mother's Hebrew Name: _____

Occupation: _____
Employer: _____
Work Phone: _____

Birthdate: _____
Wedding Anniversary: _____



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Children's Information, if Relevant

(Feel free to take extra forms if you need more room.)

Name: _____

Email Address: _____

Cell Phone Number: _____

Hebrew Name: _____

Birthdate: _____

Name: _____

Email Address: _____

Cell Phone Number: _____

Hebrew Name: _____

Birthdate: _____

Name: _____

Email Address: _____

Cell Phone Number: _____

Hebrew Name: _____

Birthdate: _____

Yartzeit Information

(Feel free to take extra forms if you need more room.)

Name of the Deceased: _____

Hebrew Name of the Deceased: _____

Date of Passing: _____

Relationship: _____

Name of the Deceased: _____

Hebrew Name of the Deceased: _____

Date of Passing: _____

Relationship: _____

Name of the Deceased: _____

Hebrew Name of the Deceased: _____

Date of Passing: _____

Relationship: _____

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Date of Passing: _____

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