

Family Information:

Date of Application: _____

Information for

MEMBER #1

MEMBER #2

SURNAME: _____

1st Name English _____

1st Name Hebrew _____

Street Address _____

City & Postal Code _____

Occupation: _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

E-mail Address _____

Were you born Jewish? "Yes" or "No": _____

"Yes" or "No": _____

If 'NO', please provide conversion documents and information for our files.

Date of Birth: _____
(month) (day) (year)

_____ (month) (day) (year)

Place of Birth: _____

Aliyah Information: Cohen Levi Yisroel
Please circle one.

 Cohen Levi Yisroel
Please circle one.

Date of Marriage: _____
(month) (day) (year)

PARENTS:

English Names: _____

Hebrew Names: _____

Were your parents born Jewish? _____

IF either parent is DECEASED, please complete YAHRZEIT information on next page.

Are either of you currently a member of another Congregation (yes or no)? _____

If yes, where? _____

Are you related to an existing member of the Congregation (yes or no)? _____

If yes, who? _____

Who, if any, in the Congregation referred you to join? _____

CHILDRENS INFORMATION: *If more space is required, please include another page.

English Names	Hebrew Names	Date of Birth mm/dd/yyyy	Current School
1.			
2.			
3.			
4.			
5.			

Yahrzeit Information:

Please list the names of those Yahrzeits you wish to be reminded of.

1.

Last Name: _____ English First Name: _____

Relationship: _____ of _____

_____ ben/bat _____
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: _____ Jewish Date of Death: _____
(month) (day) (year) (month) (day) (year)

2.

Last Name: _____ English First Name: _____

Relationship: _____ of _____

_____ ben/bat _____
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: _____ Jewish Date of Death: _____
(month) (day) (year) (month) (day) (year)

3.

Last Name: _____ English First Name: _____

Relationship: _____ of _____

_____ ben/bat _____
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: _____ Jewish Date of Death: _____
(month) (day) (year) (month) (day) (year)

4.

Last Name: _____ English First Name: _____

Relationship: _____ of _____

_____ ben/bat _____
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: _____ Jewish Date of Death: _____
(month) (day) (year) (month) (day) (year)

5.

Last Name: _____ English First Name: _____

Relationship: _____ of _____

_____ ben/bat _____
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: _____ Jewish Date of Death: _____
(month) (day) (year) (month) (day) (year)

Should you have questions regarding completing this page, please contact the Shul office. office@bethradom.com or 416-636-3451 ext. 24