## WOODBURY JEWISH CENTER 200 SOUTH WOODS ROAD WOODBURY, NEW YORK 11797

E-mail: office@woodburyJc.org

Fax: 516-496-9245

Name of Groom:	HEBREW NAME:
Name of Bride:	HEBREW NAME:
DATE OF AUF RUF:	DATE OF WEDDING:
	ABBI/CANTOR IN PREPARING HIS REMARKS ON THE DAY OF YOUR AUF RUF.  THE SYNAGOGUE OFFICE. YOU MAY USE ADDITIONAL PAGES FOR YOUR
HOW DID YOU MEET EACH OTHER?	
WHAT QUALITIES DID YOUR FIANCÉ/FIANCÉE POS • GROOM SPEAKING ABOUT BRIDE:	SSESS THAT DREW YOU TO EACH OTHER?
BRIDE SPEAKING ABOUT GROOM:	
HOW DID YOUR MARRIAGE PROPOSAL TAKE PLAC	E?
What are your professions?	
• GROOM:	
• BRIDE:	
WHAT ARE YOUR HOPES FOR MARRIED LIFE TOGE	THER?

Phone: 516-496-9100