

CHEVRA KADISHA B'NAI JACOB-BEIT HAZIKARON
MEMBERSHIP APPLICATION FORM

We hereby apply for membership in the Congregation Chevra Kadisha B'nai Jacob-Beit Hazikaron. We agree to abide by and conform to its Constitution and By-Laws now existing or which may be enacted from time to time. We undertake to make payment promptly in accordance with the present regulations or those which may be adopted in the future.

INDIVIDUAL

Title: Dr. Mrs. Mr. Ms.

First name: _____

Last name: _____

Hebrew name: _____

Kohen Levi Israel

Father's Hebrew name: _____
Kohen Levi Israel

Mother's Hebrew name: _____
Kohen Levi Israel

Maiden name: (if applicable) _____

Date of birth: ___/Mo. ___/Day ___/Year

Jewish by birth: yes no

Jewish by choice: _____

Conversion performed by Rabbi or Bet Din: _____

Date: _____ City _____

Kindly attach copy of conversion certificate

Home address: _____
No. Street Apt.

City: _____ Province: _____ Postal Code: _____

Home telephone: () _____ Cellular: () _____

E-mail: _____

Marital status: married single divorced separated widowed

Wedding anniversary: ___/Mo. ___/Day ___/Year

Name of Rabbi who performed marriage ceremony: _____

Congregation: _____ City _____

Business name: _____
retired

Job title: _____

Nature of business: _____

Business address: _____
No. Street Suite

City: _____ Province: _____ Postal Code: _____

SPOUSE

Dr. Mrs. Mr. Ms.

First name: _____

Last name: _____

Hebrew name: _____

Kohen Levi Israel

Father's Hebrew name: _____
Kohen Levi Israel

Mother's Hebrew name: _____
Kohen Levi Israel

Maiden name: (if applicable) _____

Date of birth: ___/Mo. ___/Day ___/Year

Jewish by birth: yes no

Jewish by choice: _____

Conversion performed by Rabbi or Bet Din: _____

Date: _____ City _____

Kindly attach copy of conversion certificate

Home address: _____
No. Street Apt.

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Marital status: married single divorced separated widowed

Wedding anniversary: ___/Mo. ___/Day ___/Year

Name of Rabbi who performed marriage ceremony: _____

Congregation: _____ City _____

Business name: _____
retired

Job title: _____

Nature of business: _____

Business address: _____
No. Street Suite

City: _____ Province: _____ Postal Code: _____

CHILD 1 Male Female

Name: (first and middle)

Hebrew Name: _____

Last name: (if different from yours)

Home telephone: (if different from yours)

() _____

Date of birth: Mo. /Day /Yr.

Bat/Bar Mitzvah:

Yes No Mo. /Day / Yr.

Education Profile

	Year Graduated	Currently attending	Name of School
Pre-School	_____	<input type="checkbox"/>	_____
Day School	_____	<input type="checkbox"/>	_____
High School	_____	<input type="checkbox"/>	_____
Cegep	_____	<input type="checkbox"/>	_____
University	_____	<input type="checkbox"/>	_____

CHILD 2 Male Female

Name: (first and middle)

Hebrew Name: _____

Last name: (if different from yours)

Home telephone: (if different from yours)

() _____

Date of birth: Mo. /Day /Yr.

Bat/Bar Mitzvah:

Yes No Mo. /Day / Yr.

Education Profile

	Year Graduated	Currently attending	Name of School
Pre-School	_____	<input type="checkbox"/>	_____
Day School	_____	<input type="checkbox"/>	_____
High School	_____	<input type="checkbox"/>	_____
Cegep	_____	<input type="checkbox"/>	_____
University	_____	<input type="checkbox"/>	_____

CHILD 3 Male Female

Name: (first and middle)

Hebrew Name: _____

Last name: (if different from yours)

Home telephone: (if different from yours)

() _____

Date of birth: Mo. /Day /Yr.

Bat/Bar Mitzvah:

Yes No Mo. /Day / Yr.

Education Profile

	Year Graduated	Currently attending	Name of School
Pre-School	_____	<input type="checkbox"/>	_____
Day School	_____	<input type="checkbox"/>	_____
High School	_____	<input type="checkbox"/>	_____
Cegep	_____	<input type="checkbox"/>	_____
University	_____	<input type="checkbox"/>	_____

YAHRTZEIT INFORMATION

Full Name of departed	Hebrew name of Departed & father	Relationship	To Whom	English date of death	AM	PM	Hebrew date of death

Je consents que cette application soit rédiger en Anglais.
 I agree to this application being in English
 I request that all correspondence from your "THE CHEVRA" be in English

Applicant's Signature (s) _____

FOR OFFICE USE ONLY

Date received: _____

Approved by: _____

Date approved: _____

Comments _____