

Date: _____
Day Month Year

The Jewish Centre For Learning and Living
9200 Bathurst Street, Suite 28
Thornhill, Ontario, L4J 8W1
Tel: 905-760-0566 Email: andrea@jccl.cc



BAR MITZVAH APPLICATION FORM 5767/2007



Married Single Parent

PERSONAL INFORMATION

Family Name _____

Home Address _____ City _____

Postal Code _____ Home Phone () _____

FATHER

Name _____ Cohen Levi Yisroel Convert

Work Phone _____ Cell _____ Fax _____

Email _____ Occupation _____

Hebrew Name _____ Ben (Father's Hebrew Name) _____

Date of Birth _____
Day Month Year

Conversion administered by _____ Name of Beth Din _____

MOTHER

Name _____ Cohen Levi Yisroel Convert

Work Phone _____ Cell _____ Fax _____

Email _____ Occupation _____

Hebrew Name _____ Bat (Father's Hebrew Name) _____

Date of Birth _____
Day Month Year

Conversion administered by _____ Name of Beth Din _____

MARITAL STATUS

Married Date _____ Never been married Widowed
 Divorced Date _____ "Get" administered by: _____

BAR MITZVAH BOY

First Name	Family Name	Hebrew Name	D.O.B.	School
_____	_____	_____	_____	_____

Lives with Both Parents Lives with Mother Lives with Father

I hereby certify that all the information above is true and correct and that all members of my immediate family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Jewish Law (Halacha).

Signature: :Father _____ Mother _____

Date: _____

7-02

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