

BAR MITZVAH APPLICATION

Name of child _____ Hebrew Name _____

Date of Birth _____ Hebrew (if known) _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____

Mother's name _____ Father's name _____

Have there been **any** conversions or adoptions in your family's history?

Is the natural mother of the child Jewish? _____ Is the mother's mother Jewish? _____

Is the child a: Kohen _____ Levi _____ Israelite _____

Preferred date of Bar Mitzvah ceremony _____
If not yet known, write "unknown"

I am submitting a deposit of \$ _____ to hold the date.

Preferred location/Chabad of: _____ Northridge _____ Tarzana
_____ Sherman Oaks _____ N. Hollywood
_____ Other

Does the child read basic Hebrew? Yes _____ No _____

Does the child have any learning problems with general studies?

Does your child own a pair of tefillin? _____ If yes, when was it last checked?

By whom? _____

I certify that all the information given above is true to the best of my knowledge.

I am aware that my preferred date is not reserved until I receive a letter of confirmation.

Signature _____ Date _____

Office use only below this line

Date confirmed: Rabbi _____ Admn. _____ Synagogue _____

Book: _____ Tape _____

Parsha: _____

Affiliation _____ Deposit _____ Balance _____