

# Lubavitch of Yardley

## BAT MITZVAH APPLICATION FORM

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Time: \_\_\_\_\_

Hebrew name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's Hebrew name: \_\_\_\_\_

Mother's Hebrew name: \_\_\_\_\_

Preferred Bat Mitzvah Date: \_\_\_\_\_

Have there been any conversions or adoptions in the family history?

\_\_\_\_\_

If yes, please include all information and documentation. Please note: All conversions must be made through a registered Beth Din that is certified by the Rabbinat of Israel.

Is the natural mother of the child Jewish? \_\_\_\_\_ Is the mother's mother Jewish? \_\_\_\_\_

I hereby agree that the reception associated with the Bat Mitzvah ceremony will be catered in accordance with the Kosher standards of Kol Yisroel and the invitation will be brought to the office for proofing before it is printed.

I realize that attendance to the Bat Mitzvah Club, as well as 6 preparatory lessons are mandatory.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rabbi's Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM TO CONFIRM YOUR BAT MITZVAH DATE