

Lubavitch of Yardley

BAR 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 Bar 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? _____

Is the child a Kohen, Levi or Israelite? _____

I hereby agree that the reception associated with the Bar 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 a "Kosher" pair of Tefillin, to the satisfaction of the Rabbi, will be required at least three months before the boy's 13th Birthday.

I realize that attendance to the 12 week Bar Mitzvah Heritage Course is mandatory.

Parent's signature: _____ Date: _____

Rabbi's Signature: _____

PLEASE RETURN THIS FORM TO CONFIRM YOUR BAR MITZVAH DATE