



מידע עבור מכתבי בירור בנוגע ליהדות, רווקות או נישואין

Date _____ Anticipated Date of Marriage/Aliyah: _____

I. IDENTIFYING INFORMATION ABOUT APPLICANT

Applicant Information

Full Legal Name: _____

Hebrew Name: _____

City of residence: _____

Age: _____ Country of Birth: _____

Citizenship(s): _____

II. APPLICANT'S MATERNAL LINE*

Birth Mother's Maiden Name _____

Hebrew name: _____

Maiden name of applicant's mother's mother _____ Hebrew _____

Born to a Jewish mother Adopted (Jewish mother Converted Unknown) Converted

(details, if necessary) _____

*This form is only for use for individuals who were born Jewish and whose mother was born Jewish



III. APPLICANT'S FATHER

Full Legal Name _____ Hebrew name: _____

Applicant's birth father is a: Kohen Levi Yisrael Ger Non-Jew Unknown

IV. MARITAL STATUS

What is the marital status of the applicant? Never married Married Widowed Divorced

Details (dates of marriage(s), death(s), divorce(s), get(tin), etc.): _____

Bet Din details of get(tin): _____

Before the birth of the applicant, were birth parents or grandparents married to anyone else before they married each other? Yes No Unknown

Details (dates of marriage(s), death(s), divorce(s), get(tin), etc.): _____

V. BASIS OF CERTIFICATION

In addition to asking the applicant for the above information, how else do you know this information?
(Check all that apply)

- Applicant is a member of the rabbi's kehillah Applicant lives in rabbi's community
 Personal Knowledge Documentation Testimony of others Other

For how long does he know the applicant? _____

Is the rabbi personally acquainted with the applicant's parents? yes no If yes, length of time: _____

... with the applicant's maternal grandparents? yes no If yes, length of time: _____

Details of documentation and/or testimony _____

VI. ENDORSEMENT

I confirm that I personally asked the applicant each of the above questions and that, to the best of my knowledge, the information contained in this form is true.

Name of certifying rabbi: _____

Address of certifying rabbi: _____

Signature of rabbi: _____ Date _____