

**Ritual Membership Questionnaire**

(H) Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

(W) Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthday(s): \_\_\_\_\_ Children: Y/N Age(s): \_\_\_\_\_

Children's names (Hebrew & English) and birthdates

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Bar/Bat Mitvah Date(s): \_\_\_\_\_ Parsha: \_\_\_\_\_  
\_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

Yahrzeit(s): Names in English & Hebrew relationship and Hebrew Date

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(H) Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

(W) Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Other: \_\_\_\_\_

Interest in reading (leigning) Torah: Y/N or chanting Haftorah: Y/N

Special Requests/Comments:

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