

SUPPORTER & MEMBERSHIP APPLICATION DETAILS

PLEASE RETURN THIS FORM TO ADDRESS BELOW

Doris Shpiro House, 397 Eastern Avenue, Gants Hill, Ilford, Essex, IG2 6LR
Tel: 020 8554 1624 Web: www.chabadilford.co.uk E-mail: administrator@chabadilford.co.uk

All information on this form will be kept confidential and will be used by our charity
(and the Western Charitable Foundation, if you choose to join our burial scheme).

FAMILY INFORMATION

Family Name _____ Home Phone _____
Home Address _____
County _____ Postcode _____

YOUR DETAILS

First Name _____
Hebrew Name _____ Cohen Levi Yisroel Converted Adopted
Father's Hebrew Name _____
Mother's Hebrew Name _____
D.O.B. (D/M/Y) _____
Time of birth _____ We need this to calculate the Hebrew date
Work Phone _____
Mobile _____
Email _____
Occupation _____
Facebook _____

SPOUSE DETAILS

First Name _____
Hebrew Name _____ Cohen Levi Yisroel Converted Adopted
Father's Hebrew Name _____
Mother's Hebrew Name _____
D.O.B. (D/M/Y) _____
Time of birth _____ We need this to calculate the Hebrew date
Work Phone _____
Mobile _____
Email _____
Occupation _____
Facebook _____

MARITAL STATUS

Date of Marriage _____

Synagogue where Married _____

Never been Married

Widowed, Date: _____

Divorced: Date _____ "Get" administered by: _____

Date "Get" administered: _____ Name of previous spouse: _____

- Please provide a copy of your Kutuba if applicable-

CHILDREN UNDER 18

Full Name _____

Hebrew Name _____

Converted Adopted

D.O.B. (D/M/Y) _____

Time of birth _____ We need this to calculate the Hebrew date

Male / Female _____

School Attended _____

Full Name _____

Hebrew Name _____

Converted Adopted

D.O.B. (D/M/Y) _____

Time of birth _____ We need this to calculate the Hebrew date

Male / Female _____

School Attended _____

Full Name _____

Hebrew Name _____

Converted Adopted

D.O.B. (D/M/Y) _____

Time of birth _____ We need this to calculate the Hebrew date

Male / Female _____

School Attended _____

Full Name _____

Hebrew Name _____

Converted Adopted

D.O.B. (D/M/Y) _____

Time of birth _____ We need this to calculate the Hebrew date

Male / Female _____

School Attended _____

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of Death (D/M/Y) _____ Time of Death _____

Relationship _____ We need this to calculate the Hebrew date

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of Death (D/M/Y) _____ Time of Death _____

Relationship _____ We need this to calculate the Hebrew date

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of Death (D/M/Y) _____ Time of Death _____

Relationship _____ We need this to calculate the Hebrew date

Full Name _____

Hebrew Name _____ Cohen Levi Yisroel

Father's Hebrew Name _____ Mother's Hebrew Name _____

Date of Death (D/M/Y) _____ Time of Death _____

Relationship _____ We need this to calculate the Hebrew date

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Please give details of any current burial scheme arrangements.

Details _____

I hereby certify that all information given above is true and correct and that I, and all members of my immediate family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Jewish Law (Halacha).

Signature: Husband _____ Wife _____

Should you require any assistance completing this form, please call us on 020 8554 1624

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For office use only:
(For records of Burial Society)

I have checked through the information in this form and can verify, to the best of my knowledge that all the information is correct and that all members of the above family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Jewish Law (Halacha).

Signed off by Rabbi: _____ Date: _____