

Bar Mitzvah Application Form					
Name of Bar Mitzvah Boy			Surname		
Hebrew Name					
Date of Birth	English		Hebrew		
Preferred Date	Month/Day/Year		Time of Birth		
FOR OFFICE USE ONLY: Confirmed Date and Parsha:			DATE RECEIVED:		
Bar Mitzvah Teacher's Name					
Name of School				Grade	
Any other comments:					
Parents Information					
First Name of Father			Surname		
Father's Hebrew Name			Cohen	Levi	Yisrael
Address					
Tel:	Home		Work		Cell
Fax			Email		
First Name of Mother			Surname		
Mother's Hebrew Name					
Tel	Home		Work		Cell
Fax			Email		
Maternal Grandmother's Hebrew Name					
Congregation Where Parents were Married:					
Date of Marriage:					
Congregation Where Members		If not a member, please provide Ketubah.			
Is Child Adopted? (Mark with X)			Yes		No
Kosher Catering					
Name of Kosher Caterer:					
DECLARATION: In accordance with the ruling of the UOS and the Beth Din and the policy of the GSHC, I hereby declare that the Bar Mitzvah function for the above mentioned boy will be kosher and under the supervision of the Beth Din and that the function will not start before the end of Shabbat.					
Signature Parent/Guardian			Date		
N.B. This application must be returned together with a signed copy of policy and requirements document.					