

Bat Mitzvah Application Form					
Name of Bat Mitzvah Girl			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 application forms received:					
Bat Mitzvah Teacher's Name					
Name of School:				Grade:	
Any other comments:					
Parents Information					
First Name of Father			Surname		
Father's Hebrew Name			Cohen	Levi	Yisroel
Address					
Tel	Home		Work		Cell
Fax			Email		
First Name of Mother			Surname		
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)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kosher Catering					
Name of Kosher Caterer					
<b>DECLARATION:</b> In accordance with the ruling of the UOS and the Beth Din and the policy of the GSHC, I hereby declare that the Bat 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:	