



PERSONAL INFORMATION SHEET

Your appointment is NOT confirmed until we received a signed copy of this form.

Date and Time of Appointment _____

Name English _____

Hebrew Name Selected _____

Gender Identity _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Language spoken (if not English) _____

Birthdate (MM/DD/YYYY) _____

Please complete if Male:

Was circumcision performed as a Jewish ritual? Yes ___ No ___

Please email Certificate of Circumcision or Certificate of Hatafat Dam Brit to mikveh@aju.edu.

Please complete if an adult (over the age of 18 years old):

If at the time of your birth your father was Jewish, specify his Hebrew name _____

Jewish Education/Have studied at _____

How long? _____

Instructor's Name _____

Synagogue Affiliation _____

Name of Sponsoring Rabbi _____

Signature of Sponsoring Rabbi _____

Please complete if a minor (under the age of 18 years old):

I/We the legal parent(s)/guardian(s) of _____

do hereby consent to the conversion of my/our Son ___ Daughter ___ who will be known by the

Hebrew name of _____

Parent #1 full name _____ Signature _____

Parent #2 full name _____ Signature _____

Date _____

Hebrew name of Parent #1 (if Jewish) _____

Hebrew name of Parent #2 (if Jewish) _____

Is child adopted? Yes ___ No ___ (*We ask because it affects how the certificate is filled out*)