

HALE & DISTRICT HEBREW CONGREGATION

PERSONAL

SURNAME:.....		Married/Single
If surname has changed, please advise previous surname.....		
FORENAME(S):		
Husband/Male:	DoB:	Title:
Wife/Female:	DoB:	Title:
HEBREW NAME(S):		
Husband/Male:	Son of:	
Wife/Female:	Daughter of:	
ADDRESS:		TELEPHONE NUMBERS:
.....		Home:
.....		Work(s):.....
..... Postal Code	
E MAIL ADDRESSES:		Mobiles(s):
.....	
If Married, please state date and Synagogue of Marriage:		Maiden Name:
Date of Marriage:	Synagogue:	
Former Synagogue(s):		

FAMILY

CHILDREN	Names:	DoBs:

If your son(s) has been Barmitzvah, please advise Sidra:.....		
Which of your children do you wish to attend Cheder/Nursery:.....		
PARENTS	English Names	Hebrew Names
Husband's Parents:	Father
	Mother
Wife's Parents:	Father
	Mother

Yahrzeits

Hebrew Date	Yahrzeit Relationship	English Dates	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>

If you do not know the Hebrew dates, please enter the English date(s) of death(s).

If applicant is already a member of a Burial Board and does not wish to become a member of a Burial Board associated with this Congregation, please state to which Burial Board applicant belongs:	<input style="width: 100%;" type="text"/>
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I hereby apply to join Hale & District Hebrew Congregation and undertake to abide by its Constitution and Regulations.

Signed: Proposed by Name: Signed:

Date: Seconded by Name: Signed: