

Temple Beth Tzedek
MEMBERSHIP INFORMATION

621 Getzville Road
Amherst, NY 14226
838-3232
membership@btzbuffalo.org

Date _____

Man's Name _____

Hebrew Name _____

Date of Birth _____ Date of Bar Mitzvah _____

Kohen, Levi, Yisrael _____

Woman's Name _____

Maiden Name _____

Hebrew Name _____

Date of Birth _____ Date of Bat Mitzvah _____

Kohen, Levi, Yisrael _____

Residence _____

Town _____ Zip _____ Phone _____

Second Residence _____

Town _____ Zip _____ Phone _____

Man's Occupation _____

Business Name _____

Business Address _____

Work Telephone _____ Email Address _____

Cell Phone _____ Pager _____

Woman's Occupation _____

Business Name _____

Business Address _____

Work Telephone _____ Email Address _____

Cell Phone _____ Pager _____

Single _____ Married _____ Date of Marriage _____

Widowed _____ Date _____ Divorced _____ Date _____

What is the Name of Your Previous Affiliation? _____

Is Temple Member or Applicant Married to a Non-Jew? _____

Is Either Member or Applicant a Convert to Judaism? _____

Date and Officiating Rabbi _____

Is There an Interest in Conversion? _____

Please complete next page

SINGLE CHILDREN

Name	Hebrew Name	Date of Birth	Date of B'Mitzvah	Address if Different
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MARRIED CHILDREN

Name	Hebrew Name	Date of Birth	Date of Marriage	Address if Different
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are Any of Your Children Adopted? _____

If the Biological Parents Were Not Jewish, Were the Children Converted? _____

By Whom? _____

YAHREZEITS – IF ANY

English Name	Hebrew Name	Relationship and to Whom	Secular Date	Hebrew Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTES
