

RABBINICAL COUNCIL OF AMERICA – MONTREAL REGION  
*CONVERSION PROGRAMME*

*Geirut Committee:*  
Rabbi Sidney Shoham  
Rabbi Mordecai Zeitz  
Rabbi Moshe Jablon  
Rabbi Michael Whitman

*Administrator:*  
Edward Shostak

**CONVERSION PROGRAMME QUESTIONNAIRE**

Due to the all encompassing personal and lifestyle transformation which is Conversion, it is important to gain knowledge as to the background of the candidate and his/her family.  
*All information is strictly confidential.*

Date \_\_\_\_\_

*Answer each question as fully as you can.*

Family Name \_\_\_\_\_ Given \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
Number, Street, Apt., City, Province, Postal Code

Phone Numbers \_\_\_\_\_  
Home Cell Work

Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Please attach copy of birth certificate)

Education \_\_\_\_\_ Degree/Certificate \_\_\_\_\_

Institution \_\_\_\_\_ Date \_\_\_\_\_

Place of Work \_\_\_\_\_ Position \_\_\_\_\_ # of years \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ # of years \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Is still living \_\_\_\_\_ Age \_\_\_\_\_

Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Maiden Name \_\_\_\_\_ Is still living \_\_\_\_\_ Age \_\_\_\_\_

Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Have you ever been married? \_\_\_\_\_ If yes, is the divorce finalized? \_\_\_\_\_  
(Please provide copy of divorce papers)

Do you have any children? \_\_\_\_\_

What ages are they? \_\_\_\_\_ Do they live with you or visit? \_\_\_\_\_

Do you have any personal & meaningful relationship with a person of the Jewish faith? \_\_\_\_\_

If yes, please have him/her answer the attached **Questionnaire B**.

*Answer all of the following questions as fully as you can. Use the extra pages provided at the end if necessary.*

1. Describe your religious background and your parent's lifestyle

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2. What has been your religious education to date?

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3. How long have you considered conversion to Judaism and what has prompted this interest?

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4. What have been your Jewish experiences to date?

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5. List reading in Judaica by title, Author and Publisher and any formal classes you have attended.

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6. Is there any history of mental illness or emotional problems, addictions, or criminal record affecting you either in the past or the present?

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7. Do you have a sponsoring Orthodox Rabbi? If yes, please provide us his name, address and phone number.

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8. Provide us with the names, addresses and telephone numbers of two references.

1. Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Address: \_\_\_\_\_

2. Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Address: \_\_\_\_\_

I have fully read and filled out this application to the best of my ability.

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CANDIDATE

For office use only:

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

**CONVERSION PROGRAMME QUESTIONNAIRE**

*To be completed by Jewish partner if applicable*

**QUESTIONNAIRE B**

Family Name \_\_\_\_\_ Given \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
Number, Street, Apt., City, Province, Postal Code

Phone Numbers \_\_\_\_\_  
Home Cell Work

Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Please attach copy of birth certificate)

Education \_\_\_\_\_ Degree/Certificate \_\_\_\_\_

Institution \_\_\_\_\_ Date \_\_\_\_\_

Place of Work \_\_\_\_\_ Position \_\_\_\_\_ # of years \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ # of years \_\_\_\_\_

Marital Status \_\_\_\_\_

Have you ever been married? \_\_\_\_\_ If yes, is the divorce finalized? \_\_\_\_\_  
(Please provide copy of divorce papers and *get*)

Do you have children? \_\_\_\_\_ Give ages \_\_\_\_\_

Are you Born Jewish? \_\_\_\_\_ If not, converted by which Rabbi? \_\_\_\_\_  
(Please provide copy of conversion certificate)

Father's name \_\_\_\_\_

Is father a Cohen, Levite or Israelite? \_\_\_\_\_

Is father alive? \_\_\_\_\_ Martial status \_\_\_\_\_

Mother's name (family, maiden and given)\_\_\_\_\_

Was mother born of Jewish parents?\_\_\_\_\_

If not, converted by which Rabbi\_\_\_\_\_

(Please provide copy of conversion certificate)

Was mother adopted?\_\_\_\_\_ Hebrew name\_\_\_\_\_

Is mother alive?\_\_\_\_\_ Marital status\_\_\_\_\_

Describe your formal and/or informal Jewish education background.

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Synagogue affiliation\_\_\_\_\_

Association with other Jewish organizations\_\_\_\_\_

How long have you known your non-Jewish partner?\_\_\_\_\_

Provide us with the names, addresses and telephone numbers of two references.

1. Name\_\_\_\_\_ Tel. #\_\_\_\_\_

Address:\_\_\_\_\_

2. Name\_\_\_\_\_ Tel. #\_\_\_\_\_

Address:\_\_\_\_\_

Are you prepared to attend classes and events, and participate completely in this process?\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

