

RABBINICAL COUNCIL OF AMERICA – MONTREAL REGION
CONVERSION PROGRAMME

Geirut Committee:
Rabbi Sidney Shoham
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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 _____ Tel. # _____
Street Apt. #

_____ Cel # _____
City Postal Code

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 _____ Number of years worked _____

Father's Name _____ Place of Birth _____

Is still living _____ Age _____

Religion _____ Marital Status _____

Mother's Name _____ Maiden Name _____

Place of Birth _____ 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. You may write on the back of these sheets if necessary.

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

2. What has been your religious education to date?

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

4. What have been your Jewish experiences to date?

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

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

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

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.

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 Names _____

Place of Birth _____ Date of birth _____ Male/Female _____

Address _____ Tel () _____

Street

Apt. #

Home

_____ Tel () _____

City

Cellular

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 _____

Education _____ Place of Work _____

Occupation/Employer _____ Phone () _____

Position _____ Number of years _____

Born Jewish? _____ If not, converted by which Rabbi? _____

Father's name _____

Is father a Cohen, Levite or Israelite? _____ Is father alive? _____

Marital status _____

Mother's name (family, maiden and given) _____

Was mother born of Jewish parents? _____

If not, converted by which Rabbi _____

Was mother adopted? _____ Hebrew name _____

Is mother alive? _____ Marital status _____

Describe your formal and/or informal Jewish education background.

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