

RABBINICAL COUNCIL OF AMERICA – MONTREAL REGION
CONVERSION PROGRAMME

Geirut Committee:
Rabbi Sidney Shoham
Rabbi Mordecai Zeitz
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Rabbi Michael Whitman

Administrator:
Edward Shostak

CHILD CONVERSION 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.

FATHER

Family Name _____ Given _____ Middle _____

Hebrew Name _____

Address _____ Tel. # _____
Street Apt. #

_____ Cell # _____
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_____

Mother's Name_____ Maiden Name_____

Place of Birth_____ Is still living?_____ Age_____

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 Jewish education background.

2. Describe your religious background and lifestyle.

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

MOTHER

Name _____ Maiden Name _____

Hebrew Name _____

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 _____ Marital Status _____

Mother's Name _____ Place of Birth _____

Is still living _____ Age _____

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 Jewish education background.

- 2. Describe your religious background and lifestyle.

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

FAMILY

Name of Baby _____ Hebrew Name _____

Date and Place of Birth _____

Date and Place of Adoption (if applicable) _____

Officiating Rabbi/Date/Place of Marriage _____

Current Synagogue affiliation _____

Association with other Jewish organizations _____

Do you have any additional children? If so, what is there education background?

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

1. Name _____ Tel. # _____

Address: _____

2. Name _____ Tel. # _____

Address: _____

We have fully read and filled out this application to the best of our abilities.

SIGNATURES

For office use only:

Date Received _____

Received by _____