

RABBINICAL COUNCIL OF AMERICA – MONTREAL REGION  
*CONVERSION PROGRAMME*

*Geirut Bet Din:*  
Rabbi Yechezkel Freundlich  
Rabbi Schachar Orenstein  
Rabbi Michael Whitman, *Yosheiv Rosh*  
Rabbi Mordecai Zeitz

*Administrator:*  
Rabbi Eddie 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

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 \_\_\_\_\_ 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 use the extra space provided below 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 \_\_\_\_\_

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 \_\_\_\_\_ 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 \_\_\_\_\_

