



## Jewish Background

I am:  Jewish by Birth  Jewish by Conversion  Not Jewish

My mother is:  Jewish by Birth  Jewish by Conversion  Not Jewish

My father is:  Jewish by Birth  Jewish by Conversion  Not Jewish

I am:  Kohen  Levite  Israelite  Don't Know

Please tell us about your Jewish background:

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I am:  Jewish by Birth  Jewish by Conversion  Not Jewish

My mother is:  Jewish by Birth  Jewish by Conversion  Not Jewish

My father is:  Jewish by Birth  Jewish by Conversion  Not Jewish

I am:  Kohen  Levite  Israelite  Don't Know

Please tell us about your Jewish background:

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## Children Information

### Child One

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center  
 Polsky Religious School  
 Hyman Brand Hebrew Academy

### Child Two

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center  
 Polsky Religious School  
 Hyman Brand Hebrew Academy

### Child Three

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center  
 Polsky Religious School  
 Hyman Brand Hebrew Academy

### Child Four

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Hebrew Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center  
 Polsky Religious School  
 Hyman Brand Hebrew Academy

*For additional children, please attach a supplemental page.*

**Important:** If you have any children aged 8 or older, please check here so we can get them a B'nai Mitzvah Date.

## Relationships

Do you have any relatives or friends who are current Congregation Beth Shalom members?  Yes  No **If Yes, please list:**

### Relationship One

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

### Relationship Two

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

### Relationship Three

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

### Relationship Four

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

## Yahrtzeit Information

If you have any yahrtzeit(s) to commemorate, please fill in this information:

### Yahrtzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

### Yahrtzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

### Yahrtzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

### Yahrtzeit

First \_\_\_\_\_

Last \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Death:  
(mm/dd/yyyy) \_\_\_\_\_

Before or  
After Sunset: \_\_\_\_\_

We will send you an email reminder prior to the date. Please make sure to keep us updated if your email address changes.

Check this box if you are interested in a memorial yahrtzeit plaque to honor the sacred memory of your loved one. A member of the synagogue will contact you with details.

## Community Involvement and Ritual Information

What are your reasons for joining Congregation Beth Shalom?

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There are a variety of roles available at Congregation Beth Shalom. Please indicate your interests below if you would like more information about getting involved:

**Member One**

- Committee Member
- Holiday/Festival Observance
- Community Outreach/Marketing
- High Holy Day Torah Reading
- Fundraising & Development
- Lead Services/Aliyah or Honor on Bimah
- Shabbat Torah Reading
- Event/Program
- Polsky Religious School/Rose Family Early Childhood Center
- Shabbat Services Greeter
- Men's Club
- Sisterhood

Please highlight any special talents, skills, or interests that you would like to share

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**Member Two**

- Committee Member
- Holiday/Festival Observance
- Community Outreach/Marketing
- High Holy Day Torah Reading
- Fundraising & Development
- Lead Services/Aliyah or Honor on Bimah
- Shabbat Torah Reading
- Event/Program Volunteer
- Polsky Religious School/Rose Family Early Childhood Center
- Shabbat Services Greeter
- Men's Club
- Sisterhood

Please highlight any special talents, skills, or interests that you would like to share

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**For CBS Office Use Only**

Received By: \_\_\_\_\_ Membership Granted By: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Date Entered into System: \_\_\_\_\_