

RABBINICAL COUNCIL OF AMERICA – MONTREAL REGION  
*CONVERSION PROGRAM*

*Bet Din:*

Rabbi Yamin Benarroch

Rabbi Maimon Pinto

Rabbi Edward Shostak

Rabbi Michael Whitman, *Yoshev Rosh*

Rabbi Dr. Mordecai Zeitz

*Member, Network of Regional Batei Din for Conversion under the auspices of  
The Rabbinical Council of America and the Beth Din of America*

**CONVERSION PROGRAM QUESTIONNAIRE**

Due to the all-encompassing personal and lifestyle transformation which is Conversion, it is important for the Bet Din to gain knowledge of 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. #

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Cel # \_\_\_\_\_

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 \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Is still living \_\_\_\_\_ Age \_\_\_\_\_

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

Have you ever been married? \_\_\_\_\_ If applicable, is the divorce finalized? \_\_\_\_\_  
(Please provide a 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.

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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 PROGRAM QUESTIONNAIRE**  
**QUESTIONNAIRE B**

*To be completed by Jewish partner if applicable*

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Tel ( ) \_\_\_\_\_  
Street Apt. # Home

\_\_\_\_\_ Tel ( ) \_\_\_\_\_  
City Cellular

Email \_\_\_\_\_

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

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

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

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

Education \_\_\_\_\_ Place of Work \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Position \_\_\_\_\_ Number of years \_\_\_\_\_

Born Jewish? \_\_\_\_\_ If not, converted by which Rabbi? \_\_\_\_\_

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

Was father adopted? \_\_\_\_\_ Father's Hebrew name \_\_\_\_\_

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

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

Father's martial status \_\_\_\_\_

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

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

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

Was mother adopted? \_\_\_\_\_ Mother's Hebrew name \_\_\_\_\_

Is mother alive? \_\_\_\_\_ Mother's 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? \_\_\_\_\_

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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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