

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*

GER KATTAN 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.

FATHER

Family Name _____ Given _____ Middle _____

Hebrew Name _____

Address _____ Tel. # _____
Street Apt. #

City _____ Postal Code _____ Cell # _____

Email _____

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 _____

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

Was your father adopted? _____ Father's Hebrew name _____

Was your father born of Jewish parents? _____

If not, converted by which Rabbi _____

Father's marital status _____

Your 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 _____

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 lifestyle.

2. Describe your Jewish educational background.

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)

Email _____ Cell # _____

Education _____ Degree/Certificate _____

Institution _____ Date _____

Place of Work _____ Position _____ # of years _____

Employer _____ phone # _____

Previous employer _____ Number of years worked _____

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

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

Was your father adopted? _____ Father's Hebrew name _____

Was father born of Jewish parents? _____

If not, converted by which Rabbi _____

Father's martial status _____

Your mother's name (family, maiden and given) _____

Was your 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 _____

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 lifestyle.

2. Describe your Jewish educational background.

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

Officiating Rabbi/Date/Place of Marriage (of adopting parents) _____

Current Synagogue affiliation _____

Association with other Jewish organizations _____

Name of Baby _____ Hebrew Name _____

Date and Place of Birth _____

Date and Place of Adoption (if applicable) _____

Provide final legal adoption document, if applicable.

Do you have any additional children? If so, please provide their names, ages, and educational 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 _____