

Rabbinical Court of the Commonwealth of Massachusetts
665 Beacon Street, Suite 202 Boston, MA 02215
Phone: 617-426-2139x5 Bostonbethdin@gmail.com

Application for Jewish Divorce Procedure

Case # D-

Date _____

Husband

Husband's Name	Hebrew Name
	Kohen ___ Levi ___ Israel ___
Birth Date	Place of Birth
Street Address	Daytime Phone #
City, State, Zip	Home Phone#
Cell Phone #	Email:
English Name of Husband 's Father	Hebrew Name of Husband's Father

Wife

Wife's Name	Hebrew Name
Birth Date	Place of Birth
Street Address	Daytime Phone
City, State, Zip	Home Phone
Cell Phone #:	Email:
English Name Wife's Father	Hebrew Name Wife's Father
	Kohen ___ Levi ___ Israel ___
Date of Marriage: (civil marriage? _____ / Jewish marriage? _____)	# of Children and ages
Referred by	Signature of Applicant

Present Status

Separated (yes) _____ (no) _____	Date mo. _____ day _____ yr. _____
Legal Separation (yes) _____ (no) _____	Date mo. _____ day _____ yr. _____
Annulment (yes) _____ (no) _____	Date mo. _____ day _____ yr. _____
Civil Divorce (yes) _____ (no) _____	Date mo. _____ day _____ yr. _____
Grounds for Civil Divorce:	
Was this a first marriage for husband?	Was this a first marriage for wife?
Is husband: Adopted? _____ Convert? _____	Is wife: Adopted? _____ Convert? _____
Is husband Jewish by birth?	Is wife Jewish by birth?
Is husband willing to grant Get?	Is wife willing to accept Get?
Who will pay for the Get procedure? Agreed by both parties?	Will wife appear together with husband?
Is this Get mandated by the civil legal agreement between both parties? Yes _____ No _____	(M) Mother converted? ___ Father converted? ___ (W) Mother converted? ___ Father converted? ___

