

RABBINICAL COURT OF MASSACHUSETTS

665 Beacon Street, suite 202 Boston, MA 02215

Phone: 617-426-2139x5 www.rcone.org bostonbethdin@rcone

Application for Jewish Identification

Name	Referred by
Address	Hebrew Name Kohen Levi Israel
Home Phone	Bus. Phone
Date of Birth	Place of Birth
Attach (#1) copy of Birth Certificate	
Planned Date for Marriage	Place

Schools Attended:

Grammar	Degree
High School	Degree
College	Degree
Any Other	

Your Present Occupation _____

FATHER

MOTHER

Hebrew Name	Hebrew Name
Kohen Levi Israel	Kohen Levi Israel
Birthplace	Birthplace
Date of Birth	Date of Birth
Living: Yes No	Living: Yes No

Is applicant adopted? Yes _____ No _____ If yes, give details on back.

Place of parents' marriage: _____ Date of parents' marriage: _____

Attach (#2) copy of parents' marriage certificate (and/or ketubah)

Parents marital status married _____ divorced _____ widowed _____ separated _____

References: List names and addresses of 3 people, not related, who know you, who can certify and attest to your background. (Use reverse side) Also Attach (#3) three letters from Rabbis and/or prominent members of Jewish community on work stationary attesting to applicant's marital status and **Attach (#4) or enclose 2 recent passport size photos of yourself.**

Signature _____ *Date* _____

Payment for Service: \$ 100.00; please return application form, and 4 enclosures marked above, with other corroborating documents of status to bostonbethdin@rcone.org