

member(s) information at Congregation Rodef Sholom

Date: _____ Name: _____

Street address: _____

City: _____ State: _____ Zip code: _____ Home phone: _____

Mailing address (if different from street address): _____

City: _____ State: _____ Zip code: _____

Marital Status: Single Married Partnered Separated Divorced Widowed Anniversary _____
month/day/year

	Adult #1	Adult #2
Full name		
Nickname		
Date of birth		
Cell phone		
Email		
Occupation / profession		
Business name		
Business address		
Business city, state, zip		
Business phone		
Bar/Bat Mitzvah	month/day/year:	month/day/year:
Confirmation	month/day/year:	month/day/year:

CHILDREN: Please fill in the following information as it applies to each of your children

	Child #1	Child #2	Child #3
Full name			
Date of birth			
Sex	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Marital status	<input type="checkbox"/> single <input type="checkbox"/> married	<input type="checkbox"/> single <input type="checkbox"/> married	<input type="checkbox"/> single <input type="checkbox"/> married
Bar/Bat Mitzvah	month/day/year:	month/day/year:	month/day/year:
Confirmation	month/day/year:	month/day/year:	month/day/year:
School			
Currently enrolled in college?	<input type="checkbox"/> yes <input type="checkbox"/> no Where:	<input type="checkbox"/> yes <input type="checkbox"/> no Where:	<input type="checkbox"/> yes <input type="checkbox"/> no Where:

member(s) information at Congregation Rodef Sholom

Yahrzeit DATES: Please indicate if you wish to observe the Yahrzeit (anniversary of death) according to the Hebrew or English calendar*. Yahrzeit reminders are sent to members two weeks in advance of the date each year.

Last name	First name	Relationship to which adult member	Date of death month/day/year:	Notify on Hebrew or English date:
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English
				<input type="checkbox"/> Hebrew <input type="checkbox"/> English

* Contact the synagogue office if you need help determining the Hebrew date of a yahrzeit.

emergency contact information

(please list contact information for someone who does not live in your house)

	Adult #1	Adult #2
Name		
Relationship to member		
Home phone		
Cell phone		