



THE SHUL

at NEWTOWN

LUBAVITCH of BUCKS COUNTY

### Jewish Naming Form

Name of person being named: \_\_\_\_\_

Birthday of one being named: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Maternal Grandmother's Name? \_\_\_\_\_

Name to be given to Baby: \_\_\_\_\_

Baby named after: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Is the mother Jewish from birth?  Yes  No      Is the father Jewish from birth?  Yes  No

Are the parents married:  Yes  No

Have there been any conversions in the family?  Yes  No

If yes, who? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



What date would you like to have the naming on? \_\_\_\_\_

We ask that you deepen your naming experience by committing to one of the below suggestions:

- Attend a class
- Observe a mitzvah
- Kiddush Sponsor for \$250

Rabbi Weinstein will assist you in choosing a class or a mitzvah.

Jewish namings are done during our weekly Shabbat Torah Readings in the Synagogue. The family should arrive no later than 10:40am. The naming will take place between 11:00am and 11:30am. The family is expected to remain until the end of the service which is at 12:30pm.

Please email this form to Rabbi Weinstein at [rw@jewishcenter.info](mailto:rw@jewishcenter.info).

For Rabbi's Use

Mother \_\_\_\_\_ Grandmother \_\_\_\_\_ Child's name \_\_\_\_\_ Father \_\_\_\_\_