



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? _____

Is the mother Jewish from birth? Yes No

Fathers Name: _____

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? _____

Jewish name you would like named: _____

Who is the child being named after? _____

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 \$200

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.

For Rabbi's Use

Mother _____ Grandmother _____ Child's name _____ Father _____