



The Shul at Newtown

Lubavitch of Bucks County

25 N State Street
Newtown, PA 18940
(215) 497-9925

BAR MITZVAH APPLICATION FORM

(to be filled out at your first meeting with the Rabbi)

Last Name: _____ First name: _____

Date of birth: _____ Day Night Hebrew name: _____

Address: _____ Zip Code: _____

Telephone Residence: _____ E-mail: _____

Father's name: _____ Mother's name: _____

Father's Hebrew name: _____ Mother's Hebrew name: _____

Are you a supporting member of The Shul at Newtown? _____

Preferred Bar Mitzvah Date: _____ Hebrew date of birth: _____

Have there been any conversions or adoptions in the family history? _____

If yes, please include all information and documentation.

Please note: All conversions must be made through a registered Beth Din that is certified by the Rabbinate of Israel.

Is the natural mother of the child Jewish? _____ Is the mother's mother Jewish? _____

Is the child a Kohen, Levi or Israelite? _____

I hereby agree that the reception associated with the Bar Mitzvah ceremony will be catered in accordance with the Kosher standards of Lubavitch of Bucks County and the invitation will be brought to the office for proofing before it is printed.

I realize that a "Kosher" pair of Tefillin, to the satisfaction of the Rabbi, will be required at least three months before the boy's 13th Birthday.

I hereby agree to attend a Shabbat service at least once a month during the year prior to our sons Bar Mitzvah.

Parent's signature: _____ Date: _____

Rabbi's Signature: _____

PLEASE RETURN THIS FORM TO CONFIRM YOUR BAR MITZVAH DATE