



*The Shul at Newtown*

Lubavitch of Bucks County

**BAT 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: \_\_\_\_\_

Requested Bat 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 Rabbinat of Israel.

Is the natural mother of the child Jewish? \_\_\_\_\_ Is the mother's mother Jewish? \_\_\_\_\_

Are you a supporting member of The Shul at Newtown? \_\_\_\_\_

I hereby agree that the reception associated with the Bat 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 finally printed.

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

I realize that Lubavitch of Bucks County reserves the right to cancel any Bat Mitzvah if any of these guidelines are being violated.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rabbi's Signature: \_\_\_\_\_

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PLEASE RETURN THIS FORM TO CONFIRM YOUR BAT MITZVAH DATE