



The Shul at Newtown
Lubavitch of Bucks County

Jewish Naming Form

Mother's Name: _____ Maternal Grandmother's Name: _____

Name of person being named: _____

Jewish name being given: _____

Birthday of one being named: _____

Father's Name: _____

Baby named after: _____

Is the natural mother Jewish? ☐ Yes ☐ No Is the mother's mother Jewish? ☐ Yes ☐ No

Is the father Jewish by birth? ☐ Yes ☐ No

Are the parents married? ☐ Yes ☐ No

Have there been any conversions in the family? ☐ Yes ☐ No

If yes, who? _____

Contact Information

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 \$400

Please note: Jewish namings are done during our weekly Shabbat Torah Readings in the Synagogue. The family should arrive no later than 10:30 am. The naming will take place between 10:45 am and 11:15 am. The family is expected to remain until the end of the service, which is at 12:30 pm.

Please email this form to Rabbi Weinstein at rw@jewishcenter.info.