

Application

Please complete all fields.
Incomplete application cannot be fully processed.

Return completed form to:

The Rebbetzins Network
1805 Swarthmore Avenue
Lakewood, NJ 08701

Email to: rebbetzins@oorah.org
Or fax to: 866-644-3615 ext 151
Questions? Call 732-730-1000 ext 151

Personal Info

| | | | | |
|--|--|---------------|---|------|
| LAST NAME | | FIRST NAME | | DATE |
| ADDRESS | | | | |
| CITY | | | STATE | ZIP |
| HOME PHONE | | WORK PHONE | | CELL |
| EMAIL | | | APPLYING FOR <input type="checkbox"/> MENTOR AND SHADCHAN REGISTRY <input type="checkbox"/> SHADCHAN REGISTRY ONLY | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | BIRTHDATE / / | MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | |
| ARE YOU A SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | HEIGHT | BUILD <input type="checkbox"/> SLIM <input type="checkbox"/> AVERAGE <input type="checkbox"/> HEAVYSET | |
| JEWISH FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, PROVIDE NAME OF RABBI, BEIS DIN, AND DATE OF CONVERSION (PLEASE PROVIDE DOCUMENTATION) | | | | |
| FRUM FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, FRUM SINCE WHAT YEAR? _____ | | | | |
| YOUR RELIGIOUS OBSERVANCE STYLE <input type="checkbox"/> YESHIVISH <input type="checkbox"/> CHASSIDISH <input type="checkbox"/> MODERN <input type="checkbox"/> OTHER _____ | | | | |
| WHERE WERE YOU BORN? | | | ARE YOU A KOHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Family Information

| | | | | |
|--|--|---------------|--|--|
| FATHERS NAME | | MOTHERS NAME | | |
| PARENT/GUARDIAN CURRENT RESIDENCE(CITY, STATE, COUNTRY) | | | | |
| FAMILY ORIGIN/BACKGROUND <input type="checkbox"/> AMERICAN <input type="checkbox"/> BUCHARIAN <input type="checkbox"/> IRANIAN <input type="checkbox"/> ISRAELI <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SYRIAN <input type="checkbox"/> OTHER _____ | | | | |
| PARENTS RELIGIOUS STATUS: MOTHER <input type="checkbox"/> FFB <input type="checkbox"/> BT <input type="checkbox"/> NOT RELIGIOUS FATHER <input type="checkbox"/> FFB <input type="checkbox"/> BT <input type="checkbox"/> NOT RELIGIOUS | | | | |
| WHERE WERE YOUR PARENTS BORN? | | MOTHER FATHER | | |

Personal References

PLEASE LIST THREE RABBIS OR REBBETZINS WITH WHOM YOU HAVE OR HAD A CONNECTION.

| | | |
|--|------------|-------|
| 1) | CITY/STATE | PHONE |
| 2) | CITY/STATE | PHONE |
| 3) | CITY/STATE | PHONE |
| YOUR RABBI OR SHUL | CITY/STATE | PHONE |
| A FRIEND OR RELATIVE | CITY/STATE | PHONE |
| WHO SHOULD BE CONTACTED IN ORDER TO SET UP A SHIDDUCH? YOU MAY NAME YOURSELF | | |
| | CITY/STATE | PHONE |

