Appendix S:
Bar/Bat Mitzvah Information
BETH EL SYNAGOGUE

Name ____________________________________________ Day and Date Assigned ____________________________

Sidrah (Torah Portion) ____________________________
(BETH EL RESERVES THE RIGHT TO ASSIGN ANOTHER BAR/BAT MITZVAH ON THE DATE)

Please complete the form below so that we may prepare the announcement of your child’s Bar/Bat Mitzvah for publication in the Shofar and the Hakol.

English Name of Bar\Bat Mitzvah ____________________________

First                     Middle                     Last

Hebrew ____________________ ben\bat ________________ & __________
Father                 Mother

If you prefer to write your child’s name in Hebrew script, do so here:
_________________________________________________________________________________

Please indicate how you would like the English names of the parents to be listed. This information will follow the words of “son of . . .” or “daughter of…”:*

_________________________________________________________________________________

*You may list the names of step-parents if you wish, but we do not have space to include the names of siblings, grandparents or other family members.

If you wish to include the name of a step-parent, please make certain that your former spouse is in agreement with this format. If the two parents cannot agree on how this information should be published, Beth El will only print the full English and Hebrew names of the child. If only one parent returns this form to the Beth El office by the publication deadline, Beth El will use that information in the announcement. If two forms are returned and there is not agreement on how the English names of the parents should be listed, Beth El will only print the full English and Hebrew names of the child.

Please indicate the names of those family members that are sponsoring the kiddush. You may list names or use the phrase “sponsored by his/her family or grandparents/aunts/uncles, etc.” On any given Shabbat, there may also be other Beth El families who wish to sponsor the kiddush in honor of a simcha in their family. The names of the additional sponsors will follow the information that you indicate below when the Hakol is printed. Co-sponsorship information will also appear in The Shofar if we receive notification prior to our publication deadlines.

Saturday morning: Will you be having a _____ kiddush or a _____ kiddush & congregational luncheon?

Kiddush Sponsors:
_________________________________________________________________________________

Congregational Lunch Sponsors: _______________________________________________________________
Date of Birth ___________________________ Place of Birth ________________________________

Parent 1 (English name) ________________________________________________________________

Hebrew ________________________________ ben _______________ & ________________

Father  Mother

Is Parent 1 a Kohen ___________ Levi ___________ Yisrael ___________

Parent 2 (English name) ________________________________________________________________

Hebrew ________________________________ bat __________________________ & ________________

Father  Mother

Address ___________________________________________ City _____________________________

Zip code ___________________________ Phone: Home _________________________________

Work Phones: Parent 1________________________ Parent 2 _____________________________

Cell Phones: Parent 1________________________ Parent 2 ______________________________

E-mail: Parent 1________________________ Parent 2 _________________________________

Parent’s Address (if different from above) ______________________________________________

Guardian (if applicable) ______________________________________________________________

Other children in family: ____________________________ ____________________________

Living Grandparents: 1) Maternal ____________________________ ________________________

2) Paternal ____________________________ ________________________________

Living Great Grandparents: 1) Maternal ____________________________ ________________________

2) Paternal ____________________________ ________________________________

Is Bar/Bat Mitzvah Attending: Talmud Torah _____ Number of years _____ Where __________

Day School _________ Number of years _____ Where ________________

Other ____________________________

How do you want the child’s name read from the pulpit? ________________________________

IF THE BAR/BAT MITZVAH CELEBRATION IS HELD OUTSIDE THE SYNAGOGUE, IT SHOULD BE KEPT KOSHER AND IN THE SPIRIT OF THE JEWISH TRADITION. THE CONSERVATIVE MOVEMENT HAS RECOMMENDED THAT ITS RABBIS, CANTORS, AND STAFF ATTEND ONLY THOSE CELEBRATIONS THAT ARE KOSHER.

Is your reception: Under Rabbinic Supervision _______ All Dairy _______ Vegetarian _______

Signature of Bar/Bat Mitzvah ___________________________ Signature of Parent __________________

If you have any questions about this form or your simcha, please contact Jill Blustin at jblustin@bethelsynagogue.org or 952-873-7315