

**TEMPLE BETH-EL MEKOR CHAYIM
CONGREGATIONAL FAMILY CENSUS FORM**

(PLEASE PRINT OR TYPE AND COMPLETE ALL INFORMATION REQUESTED BELOW)

DATE _____

FAMILY NAME _____ FIRST NAME(S) _____

Home Address (Please Include Zip code)

Home Phone _____ Business _____ Fax _____

Cell Phone(s) _____

EMAIL ADDRESS(S) _____ YEAR JOINED _____

Marital Status Married Single Widowed Divorce Date of Marriage _____

Adult I

Adult II

Print Full Name (Including Maiden Name)		
Date of Birth		
Your Hebrew Name	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Mother's Hebrew Name		
Father's Hebrew Name		
Occupation (Please provide current Firm Name)		
Name and Community of Previous Congregation or TBEMC <input type="checkbox"/> Orth. <input type="checkbox"/> Cons. <input type="checkbox"/> Reform	Check all that apply: I can <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Chant Torah <input type="checkbox"/> Chant Haftorah <input type="checkbox"/> _____	Check all that apply: I can <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Chant Torah <input type="checkbox"/> Chant Haftorah <input type="checkbox"/> _____
Are you Jewish According to the Standards of the Conservative Movement*	<input type="checkbox"/> Born Jewish* <input type="checkbox"/> Converted to Judaism* <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Born Jewish* <input type="checkbox"/> Converted to Judaism* <input type="checkbox"/> Not Jewish

The Conservative Movement accepts as Jewish those born of a Jewish mother, or converted according to the standards of Jewish Law. If you or your children have been converted to Judaism, please make sure that the office has copies of the conversion documents.

LIST OTHERS BESIDES CHILDREN IN YOUR HOUSEHOLD AND EXPLAIN THEIR RELATIONSHIP TO YOU

LIST OTHER RELATIVES IN OUR CONGREGATION AND RELATIONSHIP

DOES YOUR FAMILY HAVE A CEMETERY PLOT? _____ IF YES, WHERE? _____

YAHRZEITS

NAME (ENGLISH) NAME (HEBREW) RELATIONSHIP DATE OF DEATH

*(IF ENGLISH MONTH, DAY AND YEAR ARE LISTED, WE WILL FILL IN HEBREW DATE)

ADULT I

POSITIONS HELD IN THIS OR FORMER CONGREGATION ADULT II

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACTIVITIES IN THIS OR FORMER CONGREGATION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

UNMARRIED CHILDREN LIVING AT HOME

First Name & Initial	Birth Date	Hebrew Name	College

ADULT I

ADULT II

SPECIAL INTERESTS, MEMBERSHIP IN CLUBS AND COMMUNITY ASSOCIATIONS, OFFICES HELD, HONORS & HOBBIES

_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT:

NAME _____ PHONE _____

RELATIONSHIP _____

SIGNATURES _____ ADULT I

_____ ADULT II

PLEASE ATTACHED ADDITIONAL SHEETS IF NEEDED