

CHILDREN THROUGH COLLEGE

1  Male  Female

English Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Birth  Yes  No

If "No" Date of Conversion \_\_\_\_\_ Rabbi \_\_\_\_\_

Place of Conversion \_\_\_\_\_

2  Male  Female

English Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Birth  Yes  No

If "No" Date of Conversion \_\_\_\_\_ Rabbi \_\_\_\_\_

Place of Conversion \_\_\_\_\_

3  Male  Female

English Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Birth  Yes  No

If "No" Date of Conversion \_\_\_\_\_ Rabbi \_\_\_\_\_

Place of Conversion \_\_\_\_\_

4  Male  Female

English Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Birth  Yes  No

If "No" Date of Conversion \_\_\_\_\_ Rabbi \_\_\_\_\_

Place of Conversion \_\_\_\_\_

5  Male  Female

English Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Birth  Yes  No

If "No" Date of Conversion \_\_\_\_\_ Rabbi \_\_\_\_\_

Place of Conversion \_\_\_\_\_



HEBREW EDUCATIONAL ALLIANCE

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# Family Record

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date Joined HEA \_\_\_\_\_

Please attach a photo of yourself or family.

Previous Congregation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ADULT 1  Male  Female (Please Print)

English Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

BIRTH

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Check One  Kohein  Levi  Israelite

Jewish by Birth  Yes  No

If "No" Date of Conversion \_\_\_\_\_ Rabbi \_\_\_\_\_

Place of Conversion \_\_\_\_\_

MARITAL STATUS

Single  Widowed  Divorced  Married — date \_\_\_\_\_

FATHER

Father's English Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

MOTHER

Mother's English Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Yahrzeit (Please complete this information if you want to be notified.)

1 Relationship to Adult 1 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after sunset?  Yes  No

Place Buried \_\_\_\_\_

2 Relationship to Adult 1 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after sunset?  Yes  No

Place Buried \_\_\_\_\_

3 Relationship to Adult 1 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after Sunset?  Yes  No

Place Buried \_\_\_\_\_

4 Relationship to Adult 1 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after Sunset?  Yes  No

Place Buried \_\_\_\_\_

ADULT 2  Male  Female (Please Print)

English Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

BIRTH

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Check One  Kohein  Levi  Israelite

Jewish by Birth  Yes  No

If "No" Date of Conversion \_\_\_\_\_ Rabbi \_\_\_\_\_

Place of Conversion \_\_\_\_\_

MARITAL STATUS

Single  Widowed  Divorced  Married — date \_\_\_\_\_

FATHER

Father's English Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

MOTHER

Mother's English Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Yahrzeit (Please complete this information if you want to be notified.)

1 Relationship to Adult 2 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after sunset?  Yes  No

Place Buried \_\_\_\_\_

2 Relationship to Adult 2 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after sunset?  Yes  No

Place Buried \_\_\_\_\_

3 Relationship to Adult 2 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after Sunset?  Yes  No

Place Buried \_\_\_\_\_

4 Relationship to Adult 2 \_\_\_\_\_

English Date of Death (month/day/year) \_\_\_\_\_

-or- Hebrew Date of Death (month/day/year) \_\_\_\_\_

Did the death occur after Sunset?  Yes  No

Place Buried \_\_\_\_\_