

**CERTIFICATE OF PERSONAL STATUS**  
**Application Form**

**APPLICANT:**

- 1) Name \_\_\_\_\_  
Hebrew Name (if known) \_\_\_\_\_
- 2) Address \_\_\_\_\_
- 3) Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_
- 4) Email \_\_\_\_\_
- 5) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_
- 6) Are you a Kohen, Levi or Yisrael? \_\_\_\_\_
- 7) Are you the adopted or natural child of your parents? \_\_\_\_\_
- 8) Were you or either of your parents converted to Judaism? \_\_\_\_\_  
If the answer is yes, please detail \_\_\_\_\_
- 9) Were any of your grandparents or great-grandparents converted to Judaism? \_\_\_\_\_  
If the answer is yes, please detail \_\_\_\_\_
- 10) How many years have you been living in the United States? \_\_\_\_\_

**FAMILY INFORMATION:**

- 10) **Mother's Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_
- 11) **Maternal Grandfather's Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_
- 12) **Maternal Grandmother's Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_
- 13) **Maternal Great-Grandmother's Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_
- 14) **Father's Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
**Kohen** \_\_\_\_\_ **Levi** \_\_\_\_\_ **Yisrael** \_\_\_\_\_
- 15) **Paternal Grandfather's Full Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_
- 16) **Paternal Grandmother's Full Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_
- 17) **Paternal Great-Grandmother's Name** \_\_\_\_\_  
**Hebrew Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_
- 18) **Name of Synagogue Where Parents were Married** \_\_\_\_\_

Date of Marriage \_\_\_\_\_

19) Was either of your **Natural** parents divorced, or did they have a marriage annulled, prior to your birth? \_\_\_\_\_

20) Was either of your grandmothers divorced? \_\_\_\_\_

### **MARITAL STATUS**

Have you ever been married previously, civilly or religiously? \_\_\_\_\_

If so, please provide the following information:

Place and date of the wedding \_\_\_\_\_

How was the marriage dissolved? \_\_\_\_\_

### **DECLARATION**

I hereby declare, **under penalty of perjury**, that all of the above information is true and correct, to the best of my knowledge.

### **CHECKLIST FOR MARRIAGE ELIGIBILITY CERTIFICATES**

- D Two passport photos, signed on the back.
- D Copy of birth certificate (photocopy is acceptable).
- D Passport or other I.D. with picture. **Send us a photocopy** of the page with your picture and I.D. number and bring the original to your appointment.
- D Completed application for certificate or personal status.
- D A signed letter from the applicant declaring that you have never been married, civilly or religiously. If you have been married previously, please phone our office and the Rabbinic Administrator will guide you in completing the application
- D Two letters from Jewish friends, acquaintances, or business colleagues who will attest that you are known to them as Jewish, single, and never previously married. These letters may be handwritten, but must appear on a letterhead or stationary indicating where the person may be contact for verification of the information.
- D One Jewish friend or relative is required to come to our office to sign the letter in our presence. This can be done over zoom.

*There is a \$120 processing fee per application.*

**Print Form**

Click on the button to the left to print this form and send it in to us with the other required materials at the address listed below.

After you return your completed file to your office we will call you to make an appointment, at which time you will receive your certificate. If you have any questions, call our office at (213) 389-3382.

**Please make sure that this checklist is complete so there will be no unnecessary delay.**

# Personal Status Certificate Application

**There is a non-refundable application fee of \$120**

If paying by check please make out the check to "RCC" and mail to:

The Rabbinical Council of California  
4221 Wilshire Blvd.  
Suite 390  
Los Angeles, CA 90010

If paying by credit card (Visa, Mastercard only), please fill out the information below:

CC# \_\_\_\_\_ exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Save Application as PDF

Print Application

You can send this application by email by clicking the button above to save this form as a pdf. Then attach it in an email addressed to [info@RccVaad.org](mailto:info@RccVaad.org)

You can send this form in via fax or mail by clicking the button above to print the form and sending it to:

Rabbinical Council of California  
4221 Wilshire Blvd. #390  
Los Angeles, CA 90010  
Beth Din Fax: 213.234.4558

**Rabbinical Council of California**

4221 Wilshire Blvd., Suite 390, Los Angeles, California 90010 (213) 389-3382 Fax: (213) 234-4558 Email: [info@rccvaad.org](mailto:info@rccvaad.org)