



Rabbinical Council of California

3780 Wilshire Blvd Suite 420

Los Angeles, CA. 90010

Phone (213) 389-3382

Fax (213)234-4558

www.rccvaad.org

RABBINICAL COUNCIL OF CALIFORNIA **APPLICATION FOR CONVERSION OF MINOR**

Date of Application

Date Received

Please answer each question as fully as you can. Feel free to use the back of the page or a separate sheet, if you need more space.

PERSONAL DATA OF CHILD:

NAME: _____

Last

First

Middle

Age

Date of Birth

Place of Birth

Address

Phone Number

Parents Email

BIOLOGICAL PARENTS:

Please provide all available information. If the identity of the biological parents is unknown, call our office and speak to the Rabbinic Administrator for further guidance.

ADOPTIVE PARENTS:

Father's Name	Age	Occupation	Marital Status
Mother's Name	Age	Occupation	Marital Status
Address	City	Zip	Phone Number

FAMILY INFORMATION:

Names and ages of other children (Applicant's siblings):

What is the extent of religious observance, affiliations, activities in your home? Please detail!

Religious Education of adopted child and siblings:

How long have you been considering conversion of the adopted child?

Name of Synagogue?

Name	Address	Phone Number
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Do you have a sponsoring Rabbi?

Name	Address	Phone Number
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REFERENCES:

Name	Address	Phone Number
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Name	Address	Phone Number
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GENERAL COMMENTS: _____

PLEASE RETURN THE COMPLETED FORMS WITH YOUR NON-REFUNDABLE APPLICATION FEE OF \$295. CHECKS SHOULD BE MADE PAYABLE TO THE "RABBINICAL COUNCIL OF CALIFORNIA".
A COPY OF THE CHILD'S BIRTH CERTIFICATE SHOULD BE ENCLOSED, AS WELL AS A COPY OF THE LEGAL DOCUMENT/COURT ORDER CONFIRMING THE ADOPTION, IF AVAILABLE.

Application for Conversion (Minor)

There is a non-refundable application fee of \$295

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

The Rabbinical Council of California
3780 Wilshire Blvd.
Suite 420
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

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
3780 Wilshire Blvd. #420
Los Angeles, CA 91302
Beth Din Fax: 213.234.4558

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