

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

- Two passport photos, signed on the back.
- Copy of birth certificate (photocopy is acceptable).
- 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.
- Completed application for certificate or personal status.
- 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.
- Two letters from Jewish friends, acquaintances, or business associates, declaring 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 contacted for verification of the information.
- One Jewish friend or relative is required to come to our office to sign the letter in our presence.

*There is an \$80 processing fee per application.
You will be invoiced upon receipt of your application.*

Print Form

After filling out the information above you may click 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 our office, Rabbinical Council of California, 3780 Wilshire Blvd., Suite #420, Los Angeles., CA 90010., 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 \$80

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

Rabbinical Council of California

3780 Wilshire Blvd., Suite 420, Los Angeles, California 90010 (213) 389-3382 Fax: (213) 234-4558 Email: info@rccvaad.org