



Rabbinical Council of California
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www.rccvaad.org

RABBINICAL COUNCIL OF CALIFORNIA
APPLICATION FOR CONVERSION

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:

NAME: _____
Last First Middle Maiden

Address City Zip

Home Phone Work Phone Cell Phone Email

Age Date of Birth Place of Birth

Marital Status Name of Spouse Religion Occupation

If you have had other marriages, please provide details on the back of this page.

NAMES OF CHILDREN: _____
Last First Age

Last First Age

Last First Age

Occupation	Place(s) of Employment	Dates	Position
_____	_____	_____	_____

Describe your work experiences, likes, and dislikes.

II. FAMILY BACKGROUND

FATHER'S NAME	age	occupation	marital status	religion
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MOTHER'S NAME	age	occupation	marital status	religion
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How has your father influenced your life?

How has your mother influenced your life?

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

What is the extent of your parents' religious observance, affiliations, activities?

What is your current relationship with your family?

III. EDUCATION

<u>NAMES OF INSTITUTION(S)</u>	<u>DEGREE/CERTIFICATE</u>	<u>DATE</u>
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What religious education did you receive? How much of an interest did you take in religion over the years?

Describe your experience of high school

Detail your educational experiences since high school: academic likes and dislikes, relationships with teachers, fellow students, etc.

IV. GENERAL

Present Religion

Previous religious experiences (please **detail all** churches or synagogues you have belonged to)

Non-Academic experiences, activities:

Travel to Israel (detail your thoughts and impressions)

V. MEDICAL HISTORY

State of Health

Latest complete physical examination Date
Medication being taken, if any

Are you currently, or have you ever been, under the care of a doctor or therapist?
Reason

Any serious illness in your family?

VI. CONVERSION

Please explain, in detail, the reasons you are considering conversion.

How long have you been considering conversion?

What is your knowledge of Judaism?
(Please list books you have read or classes you have taken on Judaism.)

Do you have any relationships with persons of the Jewish faith? Are you married to, or considering marriage to, a Jewish person?

Describe your philosophy of life.

Do you have a sponsoring Rabbi?

Name	Address	PHONE NUMBER
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REFERENCES (TWO)

NAME	ADDRESS	PHONE NUMBER
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RELATIONSHIP _____

NAME	ADDRESS	PHONE NUMBER
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RELATIONSHIP _____

GENERAL COMMENTS:

