

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?

Do you have a sponsoring Rabbi?

Name

Address

Phone Number

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.

