Rabbinical Council of California
4221 Wilshire Blvd Suite 390
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 _____

BEFORE APPLYING, PLEASE READ THIS IMPORTANT INFORMATION ABOUT THE RCC PROGRAM FOR CONVERSION OF MINORS

In compliance with the policies and procedures of the Chief Rabbinate of Israel and other internationally recognized Batei Din, the RCC has the following limitations on the acceptance for conversion.

- ✓ Both parents of the child must be Jewish or in the process of Orthodox conversion.
- ✓ The parents must be Shomer Shabbat and generally observant members of the Orthodox community.
- ✓ Parents must have full legal custody. In cases of adoption, the civil procedures of adoption must be completed.
- ✓ All children in the family must be enrolled, or planned to be enrolled, in an Orthodox Jewish day school.

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.

This application must be accompanied by a letter from your Orthodox Rabbi confirming the parents submitting the application are fully observant members of his community for at least one year. Applications without the Sponsoring Rabbi's letter will not be processed.

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.

_____

_____

_____

LEGAL 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 and use the back of the page if needed.

_____

_____

_____

Religious Education of the converting child and siblings:

_____

How long have you been considering conversion of the child?

Name of Synagogue family belongs to

Name Address Phone Number

Rabbi's Contact Information

Name email Phone Number

REFERENCES:

Name Address Phone Number

Relationship to applicants

Name Address Phone Number

Relationship to applicants

GENERAL COMMENTS:

There is a non-refundable application fee of $350

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

You can send this form by 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 91302