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) Did you or either of your parents convert to Judaism? If the answer is yes, please provide details.

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 your birthmother or natural father married before your birth?

20) If the answer to 19 is Yes, please provide full details.

21) Did either parent have a marriage annulled, prior to your birth?_____

22) Was either of your grandmothers divorced? _____

MARITAL STATUS

Have you ever been married previously, civilly or religiously?_____

If yes, 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.

Signature _____ Date _____

CHECKLIST FOR MARRIAGE ELIGIBILITY CERTIFICATES

D Two passport photos, signed on the back.

D Copy of birth certificate (photocopy is acceptable).

D 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.

D Completed application for certificate or personal status.

D 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.

D 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.

D One Jewish friend or relative is required to come to our office to sign the letter in our presence.

There is an $120 processing fee per application.
You will be invoiced upon receipt of your application.

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, 4221 Wilshire Blvd., Suite #390, 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.

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Personal Status Certificate Application

There is a non-refundable application fee of $120

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 in via fax or 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 90010
Beth Din Fax: 213.234.4558