

TEMPLE ADATH B'NAI ISRAEL

8440 Newburgh Road
P.O. Box 5265
Evansville, IN. 47716-5265
(812) 477-1577

FAMILY RECORD

Member 1	
First Name _____	
Middle Name _____	
Last Name _____	
Hebrew Name _____	
Birth Date _____	Pref Pronoun _____
Business Phone _____	Cell Phone _____
Email Address _____	
Occupation _____	
Employer Name _____	

Member 2	
First Name _____	
Middle Name _____	
Last Name _____	
Hebrew Name _____	
Birth Date _____	Pref Pronoun _____
Business Phone _____	Cell Phone _____
Email Address _____	
Occupation _____	
Employer Name _____	

Married _____	Anniversary Date _____	Single _____	Divorced _____	Widow(er) _____
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HOME ADDRESS/PHONE			
Address 1 _____	City _____	State _____	Zip _____
Address 2 _____	City _____	State _____	Zip _____

FAMILY YAHRZEIT	
Observed by Hebrew Calendar _____	English Calendar _____
Name _____	Date of Passing _____

CHILDREN'S NAMES (Thru age 26)

Child 1

First _____ Middle _____ Last _____ Hebrew Name _____ Birthdate _____

Bar/Bat Mitzvah Date _____ Confirmation Date _____ School _____ Grade _____

Email address _____ College Level _____ Name of College/University _____

Please check your child's special interest

- Religious School Youth Group Confirmation Torah on Tape (21 and older) Music Program

CHILDREN'S NAMES (Thru age 26)

Child 2

First _____ Middle _____ Last _____ Hebrew Name _____ Birthdate _____

Bar/Bat Mitzvah Date _____ Confirmation Date _____ School _____ Grade _____

Email address _____ College Level _____ Name of College/University _____

Please check your child's special interest

- Religious School Youth Group Confirmation Torah on Tape (21 and older) Music Program

CHILDREN'S NAMES (Thru age 26)

Child 3

First _____ Middle _____ Last _____ Hebrew Name _____ Birthdate _____

Bar/Bat Mitzvah Date _____ Confirmation Date _____ School _____ Grade _____

Email address _____ College Level _____ Name of College/University _____

Please check your child's special interest

- Religious School Youth Group Confirmation Torah on Tape (21 and older) Music Program

Please tell us about any special needs your children have:

Getting To Know You

Member 1

Special skills, talents or hobbies you would be willing to share with the congregation:

Things I would like to do, e.g. chant Torah, teach a class, learn to read Hebrew:

Special needs with which you would like assistance:

Is there anything else you would like us to know about you?

Member 2

Special skills, talents or hobbies you would be willing to share with the congregation:

Things I would like to do, e.g. chant Torah, teach a class, learn to read Hebrew:

Special needs with which you would like assistance:

Is there anything else you would like us to know about you?
