



Child Full Name: \_\_\_\_\_

BM Date: \_\_\_\_\_

Dear Parents,

Please provide us with the Hebrew names of your immediate family including all grandparents. Please complete this form and bring it to Scott Wenders no later than **two weeks** before Bar/Bat Mitzvah. You may also scan or photograph your completed form and email it back to [scott@tbsmb.org](mailto:scott@tbsmb.org). If you need an electronic copy of this form, please email Scott.

**\*\*HEBREW NAMES ARE ONLY ASSIGNED TO PEOPLE BORN JEWISH OR BECAME JEWS BY CHOICE. LEAVE "HEBREW NAME" BOX EMPTY IF PERSON IS NOT JEWISH.**

	English Name	Hebrew Name
Child		
Child #2 (if twins)		
*Sibling (If Applicable)		
Parent 1		
Parent 1 Grandmother		
Parent 1 Grandfather		
Parent 2		
Parent 2 Grandmother		
Parent 2 Grandfather		

\* Hebrew name is needed only if sibling is 13 years or older.