

בית דין צדק דמאנטריאל

בית דין לענייני גרות

Tribunal Rabbinique ■ Rabbinical Court of Greater Montreal
 6825 Decarie Blvd., Montreal, Quebec, H3W 3E4 ■ Tel: (514) 739-6363 ■ Fax: (514) 739-7024
 email: ruthinstitutegeirus@gmail.com

APPLICATION FOR CONVERSION

**Insert Photo
Here**

Judaism is a religion of life. All our actions and deeds have purpose and meaning. Our Torah, the source of our law, teaches us how to live a proper and fulfilling life. Our tradition and culture stress the importance of family life and communal participation. If accepted as a candidate to our program of conversion, you will study for a period of time, as determined by the Beth Din of the Ruth Institute, learning the minimum requirements necessary to live an observant Jewish life. You will as well be introduced to Shabbat and holiday experiences where you will be a part of true Jewish living. Only upon the successful completion of our classes and religious experiences, will you be in a position to decide whether or not you want to enter the covenant of Israel by formally accepting upon yourself all the laws of Moses and Israel.

Should you wish to meet with a program coordinator to complete your application and to explain the process to you, an appointment can be set up for you accordingly, without delay. Please contact Mrs. Sheila Cooper at 514-344-9818, or by email: ruth.smcooper@gmail.com

Please answer each question as fully as you can

IDENTIFICATION:

Family name _____ Given name _____

Middle name _____ Maiden name _____ Marital status _____

Address _____ Apt. _____ City _____
Street

Postal code _____ e-mail address _____

Telephone () _____ () _____
Home Cellular

Date of Birth _____ Place of birth _____
(Please attach a copy of birth certificate)

EDUCATION:

Education _____ Degree/Certificate _____

Institution _____ Date of Education _____

EMPLOYMENT HISTORY:

Place of current employment _____ Position _____

Number of years at this employment _____ Employer's name _____

Employer's telephone # _____

Previous employer _____ Number of years worked _____

FAMILY INFORMATION AND OTHER RELATIONS**1. FATHER**

Name _____ Place of birth _____

Is still living _____ Age _____ Occupation _____

Religion _____ Marital Status _____

2. MOTHER

Name _____ Maiden Name _____

Place of birth _____

Is still living _____ Age _____ Occupation _____

Religion _____ Marital Status _____

3. SIBLING INFORMATION

Name of siblings _____

4. OTHER RELATIONSHIPS

Have you ever been married _____ Do you have any children _____

(If you answered yes to this question, please fill in the chart on the next page.)

Name of child	Age	Resides with you	Visits you

Do you have any personal and meaningful relationships with a person of the Jewish faith? _____

If yes, please have him/her answer the attached **Questionnaire B** on page 6.

QUESTIONS

Please answer all questions as fully as you can. You may write on the back of these sheets if necessary.

1. Describe your religious background and your parent's lifestyle.

2. What has been your religious education to date?

3. How long have you considered conversion to Judaism and what has prompted this interest?

4. What has been your Jewish experiences to date?

5. Please list any Judaic reading you have read by title, author, publisher, and/or any formal Judaic classes you have attended.

6. Do you have any medical problem? If yes, please explain.

7. Are you taking any medications? If yes, which medication?

8. Are you presently under the care of a doctor and/or therapist? If yes, please explain why.

9. Is there, or has there been any serious medical illness (physical or mental) in your family?

10. Do you have a sponsoring Orthodox Rabbi? If yes, please provide us his name, address and telephone number.

11. Please provide us with names, addresses and telephone number of two references:

1. Name _____ Telephone # _____

Address _____ Relationship _____

2. Name _____ Telephone # _____

Address _____ Relationship _____

I have fully read and filled out this application for conversion to the best of my ability.

Applicant's signature

Date when form completed

Partner's signature

Date

If not applicable, please check here:

This application must be accompanied by a non-refundable application fee of \$250.00. Once this application fee has been received, an appointment will be set up for you to meet with the Rabbinical Court for Conversion.

For office use only:

check received

opened file

Date: _____

Signed: _____

QUESTIONNAIRE B

(For the Jewish partner)

IDENTIFICATION:

Family name _____ Given name _____

Place of birth _____ Date of birth _____

Address _____ Apt. _____ City _____
Street

Postal code _____ e-mail address _____

Telephone () _____ () _____
Home Cellular**EMPLOYMENT HISTORY:**

Place of current employment _____ Position _____

Number of years at this employment _____ Employer's name _____

Employer's telephone # _____

PERSONAL INFORMATION

Marital status _____ Do you have any children? _____

If so, please list their ages _____ Born Jewish _____

If not, which Rabbi has converted you? _____

FATHER

Is father a Cohen, Levy or Israelite? _____ Is father alive _____

Father's occupation _____ Father's marital status _____

MOTHER

Mother's names (Family, maiden, given) _____

Was your mother born to a Jewish mother? _____ If not, converted by which Rabbi? _____

Was mother adopted? _____ Mother's Hebrew name _____

Is mother alive _____ Mother's marital status _____

Questions

1. Describe your formal and/or informal Jewish Education.

2. How long have you known your non-Jewish partner? _____

3. Are your parents aware of this relationship? _____

4. Are you prepared to attend classes and participate completely in this process? _____

I have fully read and filled out this application to the best of my ability.

Partner's signature

Date