

# בית דין דמאנטריאל

TRIBUNAL RABBINIQUE • RABBINICAL COURT

OF GREATER MONTREAL

6825 Decarie Blvd., Montreal, Quebec H3W 3E4

Tel.: (514) 739-6363 • Fax: (514) 739-7024

## APPLICATION FOR ATTESTATION OF JEWISH DESCENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TEL: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

DATE OF ALIYA: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT'S BIRTH CERTIFICATE AND PASSPORT ARE REQUIRED. IF AVAILABLE, A COPY OF PARENT'S BIRTH CERTIFICATE AND KETUBA IS REQUESTED.

PLEASE BRING TWO LETTERS FROM TWO RABBIS ATTESTING TO THE APPLICANT'S JEWISHNESS AND IF REQUIRED CELIBACY.

A fee of \$50.00 will apply.

Credit Card #:

Expiry Date:

Please email the completed form to: [ajunger@bethdin.ca](mailto:ajunger@bethdin.ca)