

בית דין דמאנטריאל

TRIBUNAL RABBINIQUE • RABBINICAL COURT

OF GREATER MONTREAL

6819 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: _____ EMAIL: _____

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 \$80.00 (cash or charge) will apply.

Credit Card #:

Expiry Date: