

Mazal Tov on your forthcoming Bar Mitzvah!

Thank you for choosing to celebrate this momentous occasion with us at Central Shule.



CENTRAL SHULE

4 Maple Street, Caulfield South, VIC 3162 9532 9180 | central@centralshule.com.au | www.centralshule.com.au

CENTRAL SHULE BAR MITZVAH APPLICATION FORM

This form is to be completed and returned together with any required documentation and fees to central@centralshule.com.au or 4 Maple Street, Caulfield South, VIC 3162.

Information such as Hebrew dates and names can be discussed with the Rabbi. Unavailability of required documents should be discussed with the Rabbi.

Please fill in the form in clear writing.

Bar Mitzvah date:	Hebrew date	:	_ Parsha:					
THE BAR MITZVAH BOY								
Full First Name:	ull First Name: Surname:							
Name child likes to be called (e.g. Thomas: Tommy/Tom):								
			_					
			th (if known):					
Place of birth (Country, state	e):							
Which school does your child	d attend?							
Name of Bar Mitzvah teache	r:							
SIBLINGS If applicable								
	Hebrew name:		Date of Birth:					
	Date of Birth:							
		Date of Birth:						
Child's name: Date of Birth:								
In the week leading up to the Bar Mitzvah we like to wish Mazal Tov to you and your family in our weekly community email. Please provide the names of grandparents and great grandparents if applicable.								
Grandparents:								
Great grandparents:								
Great grandparents:								
FOR OFFICE USE ONLY								
Date form received:		Shule diary Member:	☐ Yes Non-Member: ☐ Yes					
Birth certificate received:	Yes Ketubah received: ☐ Yes	Payment received: [□ Yes					
Kiddush: □ Yes □ No Kid	dush Date:	Choir: ☐ Yes ☐ No						
Application approved by Rab	bi Karnowsky:		Date:					
Comments:								

THE PARENTS

Birth Mother's full name (English): Surna	ime:
Maiden name: Full Hebrew Name:	
Address:	
Mobile Number: Email	
Was natural mother of child born Jewish? ☐ Yes ☐ No	
If Birth mother was not born Jewish:	
Did conversion to Judaism take place? ☐ Yes ☐ No Date of o	conversion:
Name of presiding Beth Din Please attach copies of supporting documentation	
Birth Father's full name (English): Surnar	me:
Full Hebrew Name:	Cohen □ Levi □ Yisrael
Address:	
Mobile Number: Email	
Was natural father of child born Jewish? ☐ Yes ☐ No	
If Birth father was not born Jewish:	
Did conversion to Judaism take place? ☐ Yes ☐ No Date of o	conversion:
Name of presiding Beth Din Please attach copies of supporting documentation	
Synagogue in which Birth parents were married or under the auspices of	f:
Country: Date: Officiating Rabbi: _	
Are Birth parents living together? ☐ Yes ☐ No Current Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Moth	er remarried
Is the Bar Mitzvah boy adopted? Yes No Was he born through Adoption and surrogacy can be important factors in determining Halachi generations. Matters of delicate nature may be discussed in confidence with the surrogacy can be important factors.	ic Jewish status for now and for future

BAR MITZVAH DETA	AILS			
Bar Mitzvah date:		Hebrew Bar Mitzva	h date (if known): _	
☐ Shabbat Morning	☐ Shabbat Mincha	☐ Rosh Chodesh	☐ Monday Morn	ning Thursday Morning
Parsha:				
Please indicate which c	of the following the E	Bar Mitzvah boy will	read:	
☐ Maftir and Haftorah	☐ Haftorah only	☐ Aliya 'call up' o	only 🛮 Whole Pa	rsha 🔲 Not sure yet
☐ Part of Parsha: Pleas	e indicate which sec	tions		
KIDDUSH				
It is our Shule tradition Shule's Farber-Liberma Please discuss details w	n Hall. Bar Mitzvah I	Kiddushim are cater	ed by external Kosl	held after the service in the her certified caterers.
Are you having a Kiddu	sh in the Farber-Libe	erman Hall? 🗆 Yes	□ No Date:	
Caterer: Only Kosher caterers un			be used	
FEES				
Are you a current mem	ber of Central Shule	: □ Yes □ No		
Please discuss Bar Mitz	vah fees with Gerald	dene in the Shule of	fice on 9532 9180.	
Kindly pay a \$250.00 de	eposit to lodge this k	oooking:		
Credit Card Number:			_Exp Date:/	CSV code:
Alternatively, you can c	all Jodene in the Shu	ıle office and make	the payment over t	he phone, 9532 9180.
DOCUMENTATION				
=	certificate and \square n	atural parents' Ketu	ıbah (Jewish marria	s this must include a copy of age document). If any of 6 300.
I hereby certify	that to the best of n	ny knowledge the al	oove information is	strue and correct.
	ermission for my chil ebration) to be used		•	vent / Bar Mitzvah Program , ule.
Name of person compl	eting this form:		Signa	ture:
Relationship to child:			Date:	

The booking application of your Simcha will be acknowledged by the Shule Office upon receipt of this form and booking fee. The booking will then be confirmed by the Shule Office following Rabbi Shmuel's approval.

PREPARATION

You're planning your son's Bar Mitzvah – Mazal Tov! This very special time requires a lot of consideration and planning, for the Bar Mitzvah boy and parents alike.

We at the Central Shule are here to answer any of your questions and assist wherever possible. Please be in touch with the Shule office on 9532 9180 or Rabbi Shmuel on 0433 676 300 with any queries.

- The Bar Mitzvah boy is encouraged and expected to attend our Bar Mitzvah Enrichment Classes. Please discuss with Rabbi Shmuel.
- The Bar Mitzvah boy and his parents are encouraged and expected to attend Shule services in the year leading up to the Bar Mitzvah, as frequently as possible, on Friday nights and/or Shabbat mornings.
 See our website www.centralshule.com.au for Service times.
- If you would like the Choir to participate in the service on the day of your Simcha, please contact Myron Blecher on 0421 904 674.