



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 to central@centralshule.com.au or 4 Maple Street, Caulfield South, VIC 3162.

Information such as Hebrew dates and names, Parsha and Haftorah can be discussed with the Rabbi.

Bar Mitzvah ceremony date: _____ **Parsha:** _____

THE BAR MITZVAH BOY

Full First Name: _____ Surname: _____

Name child likes to be called (e.g. *Thomas: Tommy/Tom*): _____

Full Hebrew Name: _____ Cohen Levi Yisrael

Date of Birth: _____ Time of birth (before/after sunset): _____

Hebrew Date of birth (if known): _____ Place of birth (Country): _____

Is the Bar Mitzvah boy adopted? Yes No Was he born through natural conception? Yes No
Adoption, IVF and surrogacy can be important factors in determining Halachic Jewish status for now and for future generations. Matters of delicate nature can be discussed in confidence with Rabbi Shmuel on 0433 676 300.

School: _____ Name of Bar Mitzvah teacher: _____

Central Shule only accepts Orthodox Bar Mitzvah teachers - Please consult the Rabbi if you are unsure.

THE PARENTS

Mother's full name: _____

Father's full name: _____

Maiden name: _____

Full Hebrew Name: _____

Full Hebrew Name: _____

Cohen Levi Yisrael

Address: _____

Address: _____

Mobile Number: _____

Mobile Number: _____

Email: _____

Email: _____

Central Member Non-member

Central Member Non-member

Natural mother of child born Jewish? Yes No

Natural father of child born Jewish? Yes No

If not, did conversion to Judaism take place?

Yes No

If not, did conversion to Judaism take place?

Yes No

If yes, date of conversion: _____

If yes, date of conversion: _____

Name of presiding Beth Din: _____

Name of presiding Beth Din: _____

Please attach copies of supporting documentation

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MARRIAGE

Synagogue in which parents were married or under the auspices of: _____

Country: _____ Date: _____ Officiating Rabbi: _____

Are parents living together? Yes No

Current Marital Status: Married Divorced Widowed Mother remarried Father remarried

SIBLINGS *If applicable*

Child's name: _____ Hebrew name: _____ Date of Birth: _____

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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: _____

BAR MITZVAH DETAILS

Bar Mitzvah ceremony date: _____ Hebrew Bar Mitzvah date (if known): _____

Shabbat Morning Shabbat Mincha Rosh Chodesh Monday Morning Thursday Morning

Parsha: _____ Please *confirm with Rabbi Shmuel*

Please indicate which of the following the Bar Mitzvah boy will read:

Maftir and Haftorah Haftorah only Aliya 'call up' only Whole Parsha Not sure yet

Part of Parsha: Please indicate which sections _____

KIDDUSH

It is our Shule tradition for a Kiddush, sponsored by the Bar Mitzvah family, to be held after the service in the Shule's Farber-Liberman Hall. Bar Mitzvah Kiddushim are catered by external Kosher certified caterers. Please discuss details with Geraldene in the Shule office on 9532 9180.

Are you having a Kiddush in the Farber-Liberman Hall? Yes No

Caterer: _____

Only Kosher caterers under a recognised Kashrut authority may be used

FEES

Please discuss Bar Mitzvah fees with Geraldene in the Shule office on 9532 9180.

Kindly pay a \$250.00 deposit to lodge this booking:

Credit Card Number: _____ Exp Date: ____ / ____ CSV code: _____

Alternatively, you can call Jodene in the Shule office and make the payment over the phone, 9532 9180.

PREPARATION

This very special time requires a lot of consideration and planning, for the Bar Mitzvah boy and parents alike.

We 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 Program.
- 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.
- 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.

DOCUMENTATION

Please ensure that you attach a copy of the relevant documentation.

In all cases this must include a copy of the **Child's full birth certificate** and **Natural parent's Ketubah**
If any of these documents are not available, please discuss with Rabbi Shmuel on 0433 676 300.

I hereby certify that to the best of my knowledge the above information is true and correct.

I hereby give permission for my child's photograph or video (from Shule event / Bar Mitzvah Program / Rehearsal / Celebration) to be appropriately used for publicity and promotion of the Shule.

Name of person completing this form: _____ **Relationship to child:** _____

Signature: _____ **Date:** _____

Please note: 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.

FOR OFFICE USE ONLY

Date form received: _____ Entered in Shule diary: Member: Non-Member:

Birth certificate received: Yes Ketubah received: Yes Payment received: Yes

Kiddush: Yes No Kiddush Date: _____ Choir: Yes No

Application approved by Rabbi Karnowsky: _____ Date: _____

Comments: