



Mazal Tov on your forthcoming Bat 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 BAT 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 can be discussed with the Rabbi.

Bat Mitzvah ceremony date: _____

Fri night Dvar Torah and/or Candle lighting Shabbat morning Dvar Torah Dvar Torah & Havdalah

THE BAT MITZVAH GIRL

Full First Name: _____ Surname: _____

Name child likes to be called (e.g. Elizabeth: Lizzy / Liz): _____

Full Hebrew Name: _____

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

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

Is the Bat Mitzvah girl adopted? Yes No Was she 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: _____

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 Bat 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: _____

BAT MITZVAH DETAILS

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

Friday night Shabbat Morning Havdalah

Please discuss and confirm options with Rabbi Shmuel or Rebbetzin Rivki

KIDDUSH - Applicable only if choosing a Shabbat morning Bat Mitzvah

It is our Shule tradition for a Kiddush, sponsored by the Bar Mitzvah family, to be held after the Shabbat morning service in the Shule's Farber-Liberman Hall. Bat/Bar Mitzva 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

The cost of booking the Shule for a Friday night / Shabbat Dvar Torah is free for Central Shule members and for girls in our Bat Mitzvah program. If you are hosting a Shabbat morning Kiddush in the hall, please discuss costs with Geraldene in the Shule office on 9532 9180.

PREPARATION & DVAR TORAH

This very special time requires a lot of consideration and planning, for the Bat Mitzvah girl 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, Rebbetzin Rivki on 0433 676 301 or Rabbi Shmuel on 0433 676 300 with any queries.

The Bat Mitzvah girl is encouraged and expected to attend our Bat Mitzvah Program. Please contact Rebbetzin Rivki for details.

In addition to the learning and activities of our Bat Mitzvah Program, we encourage our Bat Mitzvah girls to deliver a Dvar Torah - A meaningful speech presentation about a Jewish Topic relevant to a Bat Mitzvah – in Shule. The choice of topic is chosen by the Bat Mitzvah girl guided by and approved by Rebbetzin Rivki.

Rebbetzin Rivki meets with the Bat Mitzvah girl and assists with research and preparation of a suitable speech. **Please be in touch with Rebbetzin Rivki at your earliest convenience to organise this.**

You can also discuss with Rebbetzin Rivki the options of when to deliver the Dvar Torah, on Friday night (depending on the time of the year you can also consider Shabbat candle lighting), Shabbat morning, or at a Havdalah service at the conclusion of Shabbat.

The Bat Mitzvah girl and her parents are also encouraged to attend Shule services in the year leading up to the Bat Mitzvah, whenever possible, on Friday nights and/or Shabbat mornings.

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 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

Fri night Dvar Torah Candle lighting Shabbat morning Dvar Torah Dvar Torah & Havdalah

Kiddush: Yes No Kiddush Date: _____

Application approved by Rabbi Karnowsky: _____ Date: _____

Comments: