



Temple Rodef Shalom

<p>Return to TRS</p> <p><b>2 months</b> ( ___ / ___ )</p> <p>Before Bar/Bat Mitzvah</p>
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SERVICE INFORMATION FORM

Name \_\_\_\_\_ Date of Ceremony \_\_\_\_\_

Parent 1 Day Phone \_\_\_\_\_ Parent 2 Day Phone \_\_\_\_\_

Name of Parent 1 \_\_\_\_\_ Religion \_\_\_\_\_

Name of Parent 2 \_\_\_\_\_ Religion \_\_\_\_\_

Married/Partnered \_\_\_\_ Separated/Divorced/Widowed \_\_\_\_ Other \_\_\_\_

Sibling(s) & Age(s): \_\_\_\_\_

Names of all living grandparents who will attend service and their religion:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the names of people (and their relationship to your child) who will be called to the Torah for an Aliyah. **No more than 2 people may be assigned to each Aliyah and at least one must be Jewish.** Your child has the 3<sup>rd</sup> Aliyah alone. You do not have to include Hebrew names.

<b>ALIYAH 1</b>	Jewish?
_____	<input type="checkbox"/>
Name & Relationship to your child	<input type="checkbox"/>
_____	
Name & Relationship to your child	

<b>ALIYAH 2</b>	Jewish?
_____	<input type="checkbox"/>
Name & Relationship to your child	<input type="checkbox"/>
_____	
Name & Relationship to your child	

Are there any special needs that your child has that would help us ensure that he/she has a good/successful day?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to the Temple TWO MONTHS before the Service by mail or FAX to 703/536-0754  
Questions: Contact Becky Marrs at 703/532-2217 or email [bmarrs@TempleRodefShalom.org](mailto:bmarrs@TempleRodefShalom.org)