



Temple Rodef Shalom

Return to TRS

2 months (__ / __)

Before Bar/Bat Mitzvah

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 3rd Aliyah alone. You do not have to include Hebrew names.

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

ALIYAH 2	Jewish?
_____	<input type="checkbox"/>
Name & Relationship to your child	<input type="checkbox"/>
_____	<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 Anne Duncan at 703/532-2217 or email ADuncan@TempleRodefShalom.org