

Today's Date:	ADULT 1	ADULT 2
Full name – Last, First, Middle Maiden name if applicable		
Prefer to be called		
Title	Mr. Mrs. Ms. Dr. Other:	Mr. Mrs. Ms. Dr. Other:
Home Address, City, Province, Postal Code		
Home Phone, Cell	Phone:	Phone:
	Cell:	Cell:
Email:		
Mailing address (if different)		
Date of Birth	Month Day Year	Month Day Year
Place of Birth		
Date Arrived in Vancouver		
Please provide emergency contact information.		
Receive the Shofar (our monthly newsletter) on-line? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Congregant Information	ADULT 1	ADULT 2
Employment	Occupation	Occupation
	Employer	Employer
	Business Address	Business Address
	Phone:	Phone:
	Active Retired On Leave	Active Retired On Leave
Religion	Jewish by birth by choice not Jewish	Jewish by birth by choice not Jewish
If Jewish by birth, raised in which tradition?	Ref Conser Ortho Recon Secular	Ref Conser Ortho Recon Secular
Hebrew name (in transliteration or English alphabet)		
Marital Status	Single Divorced Separated Widowed Married	Single Divorced Separated Widowed Married
If married, date of marriage	Month Day Year	Kind of Ceremony: Jewish Civil Other
If you converted to Judaism who performed the conversion, and on what date? (Please attach a copy of the certificate.)		

Mikvah	Date		Date			
Bar/Bat Mitzvah	Date <small>mmddyy</small> Congregation		Date <small>mmddyy</small> Congregation			
Previous congregation/city						
Is a religion in addition to Judaism practiced in your home?	No Yes If yes, specify		No Yes If yes, specify			
Parent's Hebrew Names <small>(in transliteration or English alphabet)</small>	Mother	Living Deceased	Mother	Living Deceased		
	Father	Living Deceased	Father	Living Deceased		
Parent's English Names	Mother	Father	Mother	Father		
Parent's Religion	Mother	Father	Mother	Father		
Other Adults living in your home						
Relatives who are members at Temple Sholom	Name	Relationship	Name	Relationship		
	Name	Relationship	Name	Relationship		
	Name	Relationship	Name	Relationship		
	Child 1		Child 2		Child 3	
Name	Female/Male		Female/Male		Female/Male	
Hebrew Name <small>(in transliteration or English alphabet)</small>						
Date of Birth						
Address (if different than yours)						
Bat/Bar Mitzvah Date	Month	Date	Yr	Month	Date	Yr
Religion of Child						
Name & Grade of School						
Yahrtzeit Information	Adult 1 Observe: English Date <input type="checkbox"/> Hebrew Date <input type="checkbox"/>			Adult 2 Observe: English Date <input type="checkbox"/> Hebrew Date <input type="checkbox"/>		
Name of Deceased	Eng Date of Death <small>yyyy/mm/dd</small>	Hebrew Date of Death	Relationship to You	Eng Date of Death <small>yyyy/mm/dd</small>	Hebrew Date of Death	Relationship to You
Name of Deceased	Eng Date of Death <small>yyyy/mm/dd</small>	Hebrew Date of Death	Relationship to You	Eng Date of Death <small>yyyy/mm/dd</small>	Hebrew Date of Death	Relationship to You
Name of Deceased	Eng Date of Death <small>yyyy/mm/dd</small>	Hebrew Date of Death	Relationship to You	Eng Date of Death <small>yyyy/mm/dd</small>	Hebrew Date of Death	Relationship to You
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