

THIS IS A NO OBLIGATION QUESTIONNAIRE FOR MEMBERSHIP ENROLLMENT
DO NOT SEND ANY PAYMENTS WITH THIS QUESTIONNAIRE. YOU WILL BE BILLED LATER

I hereby request an application for membership in the

UNITED HEBREW COMMUNITY OF NEW YORK

AS a Regular Family Member _____ Life Member _____ Special Member _____

ALL INFORMATION IS CONFIDENTIAL

MOST IS REQUIRED ON A DEATH CERTIFICATE OR BY THE OFFICIATING RABBI

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICANT (First Name) _____ (Last Name) _____

STREET _____ APT _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ BIRTHPLACE _____ SOC. SEC.# _____

APPLICANT'S JEWISH NAME (In Hebrew or Phonetically in English) _____

APPLICANT'S FATHER'S COMPLETE ENGLISH NAME _____

FATHER'S JEWISH NAME (In Hebrew or Phonetically in English) _____

APPLICANT'S MOTHER'S ENGLISH AND MAIDEN NAME _____

MOTHER'S JEWISH NAME (In Hebrew or Phonetically in English) _____

MARITAL STATUS: SINGLE (Never Married) _____ :MARRIED _____ WIDOW(ER) _____ SEPARATED _____ DIVORCED _____

OF: _____ ARE YOU MARRIED ACCORDING TO JEWISH LAW? _____

DATE OF MARRIAGE _____ NAME OF OFFICIATING RABBI _____

(A Copy Of The Marriage Certificate or Ketuba could be enclosed with this questionnaire if the name is not clear)

APPLICANT'S OCCUPATION (prior to retirement) _____

INDUSTRY OF OCCUPATION _____ HIGHEST GRADE OF EDUCATION COMPLETED _____

WIFE'S NAME (if applicable) _____ SOC. SEC.# _____

DATE OF BIRTH _____ BIRTHPLACE _____

WIFE'S JEWISH NAME _____

WIFE'S FATHER'S COMPLETE ENGLISH NAME _____

WIFE'S FATHER'S JEWISH NAME (In Hebrew or Phonetically in English) _____

WIFE'S MOTHER'S ENGLISH AND MAIDEN NAME _____

WIFE'S MOTHER'S JEWISH NAME (In Hebrew or Phonetically in English) _____

WIFE'S OCCUPATION (prior to retirement) _____

INDUSTRY OF OCCUPATION _____ HIGHEST GRADE OF EDUCATION COMPLETED _____

ANSWER ALL APPLICABLE QUESTIONS

1. ARE YOU A VETERAN OF THE U.S. ARMED FORCES? _____ IF YES, YEARS SERVED? _____
2. ARE YOU A MEMBER OF, OR DO YOU REGULARLY ATTEND A SYNAGOGUE? _____ IF YES, NAME & ADDRESS _____
 _____ NAME OF RABBI _____
3. ARE YOU OR YOUR SPOUSE CONVERTS TO THE JEWISH FAITH? _____ IF YES, A COPY OF THE CONVERSION CERTIFICATE AND DOCUMENTS ARE REQUIRED TO BE RETURNED WITH THIS APPLICATION.
4. ARE YOU, YOUR SPOUSE OR ANY CHILD WHO IS TO BE INCLUDED IN THE MEMBERSHIP DISABLED OR CHRONICALLY ILL? _____ IF YES, NAME(S)? _____
5. ARE YOU, YOUR SPOUSE OR ANY CHILD WHO IS TO BE INCLUDED IN THE MEMBERSHIP IN A HOSPITAL OR ANY OTHER INSTITUTION? _____ IF YES, NAME(S) OF PERSON? _____
 NAME OF THE FACILITY _____
6. DID YOU OR ANY MEMBER OF YOUR FAMILY EVER BELONG TO OUR ORGANIZATION? _____ IF YES, NAMES OF THE MEMBERS _____
7. DO YOU HAVE DOCUMENTS (Deed, Receipt, Permit, Letter, Canceled check[s]) FOR RESERVED GRAVE(S) ? _____
8. ARE THERE CURRENTLY SPECIFIC GRAVE(S) RESERVED IN YOUR NAME(S)? _____ IF YES, TO QUESTION NUMBERS 7 OR 8 PROVIDE THE CEMETERY NAME _____
 LOCATION OF GRAVE: BLOCK _____ SECTION _____ ROW _____ (P)LOT _____ GRAVE NUMBER(S) _____
 OTHER GRAVE OR PLOT INFORMATION _____
9. ARE THE GRAVES ON SOCIETY GROUNDS? IF YES, NAME _____

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**TO BE COMPLETED FOR REGULAR FAMILY MEMBERSHIPS ONLY**

NAMES OF SONS UNDER 18 YEARS OF AGE (INCLUDE DATES OF BIRTH) \_\_\_\_\_

\_\_\_\_\_

NAMES OF DAUGHTERS THAT NEVER MARRIED (INCLUDE DATES OF BIRTH) \_\_\_\_\_

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INDIVIDUALS TO BE INFORMED IN CASE OF EMERGENCY... NEXT OF KIN...

NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

