



2018-2019

Family Information Form

Adult #1

Boxes: Mr/Ms. Mrs./Dr. Other: _____ Date: _____
Last Name: _____ First Name: _____ Nickname: _____
Date of Birth: ____ / ____ / ____ Boxes: M/F/Other: _____ Job Title: _____
Religious Affiliation: _____ Hebrew Name (if applicable): _____
Bar / Bat Mitzvah Date: _____ Email Address: _____
Cell / Work Phones: _____
Marital Status & Custody Situation (if applicable): _____

Adult #2

Boxes: Mr/Ms. Mrs./Dr. Other: _____
Last Name: _____ First Name: _____ Nickname: _____
Date of Birth: ____ / ____ / ____ Boxes: M/F/Other: _____ Job Title: _____
Religious Affiliation: _____ Hebrew Name (if applicable): _____
Bar / Bat Mitzvah Date: _____ Email Address: _____
Cell / Work Phones: _____

Home Address: _____ City: _____ State & ZIP Code: _____
Billing Email: Boxes Adult #1/Adult #2/Other: _____ Home Phone: _____
Anniversary Date (if applicable): _____
How would you like to be addressed in letters? Dear _____
How would you like to be addressed on envelopes? _____
Preferred Communication Method: Boxes Email/Mail/Phone
How did you hear about Temple Sinai? _____
Reason(s) for joining: _____
Relatives who are also members of Temple Sinai: _____

Child(ren)

Last Name: _____ First Name: _____ Nickname: _____

Date of Birth: ____ / ____ / ____ Boxes: M/F/Other: _____ Grade: _____

Bar / Bat Mitzvah Date: _____ Hebrew Name (if applicable): _____

Name of School (current or future): _____

Last Name: _____ First Name: _____ Nickname: _____

Date of Birth: ____ / ____ / ____ Boxes: M/F/Other: _____ Grade: _____

Bar / Bat Mitzvah Date: _____ Hebrew Name (if applicable): _____

Name of School (current or future): _____

Last Name: _____ First Name: _____ Nickname: _____

Date of Birth: ____ / ____ / ____ Boxes: M/F/Other: _____ Grade: _____

Bar / Bat Mitzvah Date: _____ Hebrew Name (if applicable): _____

Name of School (current or future): _____

Yahrzeits

I/we wish to commemorate the following yahrzeits:

Name of Deceased: _____

English Date of Death: ____ / ____ / ____

For which date would you like to be notified of the upcoming observance? Boxes: English/Hebrew

Person to be notified: _____ Relationship to Deceased: _____

Name of Deceased: _____

English Date of Death: ____ / ____ / ____

For which date would you like to be notified of the upcoming observance? Boxes: English/Hebrew

Person to be notified: _____ Relationship to Deceased: _____

Name of Deceased: _____

English Date of Death: ____ / ____ / ____

For which date would you like to be notified of the upcoming observance? Boxes: English/Hebrew

Person to be notified: _____ Relationship to Deceased: _____
