



# The Conservative Synagogue of Fifth Avenue

11 East 11 Street New York, New York 10003

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

( ) Cohen                      ( ) Levite                      ( ) Israel

Spouse's name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

( ) Cohen                      ( ) Levite                      ( ) Israel

**CHILDREN:**

Name: \_\_\_\_\_ Birthday \_\_\_\_\_

School/Occupation \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday \_\_\_\_\_

School/Occupation \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday \_\_\_\_\_

School/Occupation \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

**Yahrzeits:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of death (Hebrew, if known) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of death (Hebrew, if known) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of death (Hebrew, if known) \_\_\_\_\_

How did you hear about our Synagogue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are either you or your spouse not Jewish? \_\_\_\_\_

Considering conversion? \_\_\_\_\_