

**TEMPLE BETH-EL MEKOR CHAYIM  
CONGREGATIONAL FAMILY CENSUS FORM**

(PLEASE PRINT OR TYPE AND COMPLETE ALL INFORMATION REQUESTED BELOW)

DATE \_\_\_\_\_

FAMILY NAME \_\_\_\_\_ FIRST NAME(S) \_\_\_\_\_

Home Address (Please Include Zip code)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

EMAIL ADDRESS(S) \_\_\_\_\_ YEAR JOINED \_\_\_\_\_

Marital Status  Married  Single  Widowed  Divorce    Date of Marriage \_\_\_\_\_

Male

Female

Print Full Name (Including Maiden Name)		
Date of Birth		
Your Hebrew Name	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Mother's Hebrew Name		
Father's Hebrew Name		
Occupation (Please provide current Firm Name)		
Name and Community of Previous Congregation or TBEMC  <input type="checkbox"/> Orth. <input type="checkbox"/> Cons. <input type="checkbox"/> Reform	Check all that apply: I can <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Chant Torah <input type="checkbox"/> Chant Haftorah <input type="checkbox"/> _____	Check all that apply: I can <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Chant Torah <input type="checkbox"/> Chant Haftorah <input type="checkbox"/> _____
Are you Jewish According to the Standards of the Conservative Movement*	<input type="checkbox"/> Born Jewish* <input type="checkbox"/> Converted to Judaism* <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Born Jewish* <input type="checkbox"/> Converted to Judaism* <input type="checkbox"/> Not Jewish

*The Conservative Movement accepts as Jewish those born of a Jewish mother, or converted according to the standards of Jewish Law. If you or your children have been converted to Judaism, please make sure that the office has copies of the conversion documents.*

LIST OTHERS BESIDES CHILDREN IN YOUR HOUSEHOLD AND EXPLAIN THEIR RELATIONSHIP TO YOU

\_\_\_\_\_

LIST OTHER RELATIVES IN OUR CONGREGATION AND RELATIONSHIP

\_\_\_\_\_

DOES YOUR FAMILY HAVE A CEMETERY PLOT? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

**Yahrzeits**

NAME (ENGLISH)	NAME (HEBREW)	RELATIONSHIP	DATE OF DEATH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*(IF ENGLISH MONTH, DAY AND YEAR ARE LISTED, WE WILL FILL IN HEBREW DATE)

MALE

FEMALE

POSITIONS HELD IN THIS OR FORMER CONGREGATION

_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
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ACTIVITIES IN THIS OR FORMER CONGREGATION

_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
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UNMARRIED CHILDREN LIVING AT HOME

First Name & Initial	Birth Date	Hebrew Name	College

MALE

FEMALE

SPECIAL INTERESTS, MEMBERSHIP IN CLUBS AND COMMUNITY ASSOCIATIONS, OFFICES HELD, HONORS & HOBBIES

_____ _____ _____ _____	_____ _____ _____ _____
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EMERGENCY CONTACT:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

SIGNATURES \_\_\_\_\_ MALE MEMBER

\_\_\_\_\_ FEMALE MEMBER

**PLEASE ATTACHED ADDITIONAL SHEETS IF NEEDED**