



## Application for Meeting with the Bet Din for Conversion of a Child to Judaism

*“I would like my child to be formally recognized as a Jew.”*

*(Please print clearly.)*

Child's Full Name \_\_\_\_\_

AGE: \_\_\_\_\_ (years) GENDER IDENTITY:  Boy  Girl  \_\_\_\_\_

Parent Name #1 \_\_\_\_\_ #2 \_\_\_\_\_  
*Jewish status:* Y  N  Y  N

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Work \_\_\_\_\_ Which number is preferred? \_\_\_\_\_

Email: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Is the child adopted? Y  N  Genetically related to parent(s)? Y  N

*(If male)* Is he circumcised? Y  N  Was it a Jewish rite? Y  N

*(Please bring attestation of the ritual circumcision to your meeting with the Bet Din.)*

Name of Sponsoring Rabbi: \_\_\_\_\_

*(If the Sponsoring Rabbi has provisionally reserved an appointment  
on the Bet Din calendar.)* Session date and time: \_\_\_\_\_

When this form is completed, please [email it as an attachment to exec@scbetdin.us](mailto:exec@scbetdin.us); or  
mail it to: 441 S. Barrington Ave.#201, Los Angeles, CA 90049.

Your appointment with our Bet Din will be confirmed only after we have received this application and your Sponsoring Rabbi's *Endorsement* form. A confirmation letter with further instructions will be sent via email 2–3 weeks in advance. Our administration fee is \$236 first child, \$36 for second, no candidate turned away for inability to pay. (The American Jewish University likewise charges a fee of \$175 for use of its *mikveh*.)

Questions? Call 323-863-5486 or write to [exec@scbetdin.us](mailto:exec@scbetdin.us).