



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 \$190, of which a portion is used to offset the cost for other candidates in need. (The American Jewish University likewise charges a fee of \$150 for use of its *mikveh*.)

Questions? Call 323-863-5486 or write to exec@scbetdin.us.