בית הדין הקהילתי
SANDRA CAPLAN
COMMUNITY BET DIN
ENDORSED BY CONSERVATIVE, RECONSTRUCTIONIST, REFORM AND TRANSDENOMINATIONAL RABBINIC ASSOCIATIONS

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 coordinator@scbetdin.us; or fax it to 323-417-5027; or mail it to: 350 Dalkeith Ave., 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 $180, of which a portion is used to offset the cost for other candidates in need. (The American Jewish University likewise charges a fee of $125 for use of its *mikveh*.)

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