

**APPLICATION FORM**  
**COUNTRY MEMBERSHIP WITH BURIAL BOARD**

WHITEFIELD HEBREW CONGREGATION

Park Lane, Whitefield M45 7PB

Telephone 0161 766 3732

[mail@whitefieldshul.co.uk](mailto:mail@whitefieldshul.co.uk)

PLEASE WRITE ALL HEBREW

NAMES PHONETICALLY

PLEASE COMPLETE  
IN BLOCK CAPITALS

NAME OF APPLICANT..... DATE.....

ADDRESS..... COHEN/LEVI/ISRAEL.....

TELEPHONE NUMBER..... E-MAIL ADDRESS(where applicable).....

MARRIED OR SINGLE..... (Please state if either Partner.....  
is a Divorcee, Widow or Widower)

DATE OF MARRIAGE..... SYNAGOGUE WHERE MARRIED.....

PLEASE attach KETUBAH. SINGLE APPLICANTS please attach LONG BIRTH CERTIFICATE AND PARENTS' KETUBAH

**APPLICANT'S DETAILS**

HEBREW NAME.....B'R/BAT.....

DATE OF BIRTH.....

**SPOUSE**

WIFE'S FIRST NAME..... DATE OF BIRTH.....

HEBREW NAME.....BAT.....

**SYNAGOGUE OF WHICH THE APPLICANT IS AT PRESENT A  
MEMBER.....**

**CHILDREN (under 21 years)**

English Names	HEBREW NAME	DATE OF BIRTH
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Please state if children are adopted, or of a previous marriage.....**

Please attache KETUBAH and LONG BIRTH CERTIFICATE OF CHILDREN.

**BETH DIN certificate is required for adopted children.**

COUNTRY MEMBERSHIP

SUBSCRIPTION £55.00 per annum 2011/2012

BURIAL BOARD MEMBERSHIP

SUBSCRIPTION - family £90.00 per annum  
- single £60.00 per annum

**(Country membership is compulsory for Burial Board members)**

Signed \_\_\_\_\_