



THE JACOB RADER MARCUS CENTER OF THE
AMERICAN JEWISH ARCHIVES
A DIVISION OF HEBREW UNION COLLEGE - JEWISH INSTITUTE OF RELIGION

Record of Life Cycle Event

NAME: _____ DATE OF BIRTH: _____
(PLEASE PRINT) LAST/FIRST/MIDDLE MONTH / DAY / YEAR

CITY: _____ STATE / PROVINCE: _____ ZIP: _____

LIFE CYCLE EVENT: CONVERSION MARRIAGE NAMING OTHER _____

HEBREW NAME [ENGLISH TRANSLITERATION]: _____

DATE OF EVENT: _____ HEBREW DATE: _____
MONTH / DAY / YEAR MONTH / DAY / YEAR

OFFICIATING RABBI / CANTOR: _____

E-MAIL ADDRESS: _____

CONGREGATION: _____

ADDRESS: _____

The following optional information is for statistical purposes only and will remain confidential.

HIGHEST LEVEL OF SECULAR EDUCATION ACHIEVED: _____

FORMER RELIGION: _____

OCCUPATION: _____

GENDER AT TIME OF CONVERSION: MALE FEMALE OTHER _____

STATUS AT TIME OF CONVERSION:
SINGLE MARRIED ENGAGED DIVORCED WIDOWED DOMESTIC PARTNERSHIP

AGES OF CHILDREN (IF ANY): _____

Please complete and return with event documentation to:

aja-ref@huc.edu

Or by mail to

The American Jewish Archives
3101 Clifton Avenue, Cincinnati, Ohio 45220