

**Ohev Sholom Talmud Torah Congregation**

**P.O. Box 1227  
Olney, MD 20830  
(301) 570-8663**

Please print neatly...

**MEMBER #1**

Family Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_  
Secular Birth Date \_\_\_\_\_ Hebrew Birth Date \_\_\_\_\_  
Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
No. of Children \_\_\_\_\_  
(circle) Kohain Levite Yisrael

**MEMBER #2**

Family Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_  
Secular Birth Date \_\_\_\_\_ Hebrew Birth Date \_\_\_\_\_  
Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
No. of Children \_\_\_\_\_

**HOME ADDRESS**

Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Secular Date of Marriage \_\_\_\_\_

**CHILDREN AND OTHER FAMILY MEMBERS**

Child's Last Name (1) \_\_\_\_\_ First Name \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_ Sex M / F \_\_\_\_\_  
Secular Birth Date \_\_\_\_\_ Hebrew Birth Date \_\_\_\_\_  
Bar/Bat Mitzvah Shabbos Date \_\_\_\_\_ Torah/Haftorah Portion \_\_\_\_\_

Child's Last Name (2) \_\_\_\_\_ First Name \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_ Sex M / F \_\_\_\_\_  
Secular Birth Date \_\_\_\_\_ Hebrew BirthDate \_\_\_\_\_  
Bar/Bat Mitzvah Shabbos Date \_\_\_\_\_ Torah/Haftorah Portion \_\_\_\_\_

Child's Last Name (3) \_\_\_\_\_ First Name \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_ Sex M / F \_\_\_\_\_  
Secular Birth Date \_\_\_\_\_ Hebrew Birth Date \_\_\_\_\_  
Bar/Bat Mitzvah Shabbos Date \_\_\_\_\_ Torah/Haftorah Portion \_\_\_\_\_

Child's Last Name (4) \_\_\_\_\_ First Name \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_ Sex M / F \_\_\_\_\_  
Secular Birth Date \_\_\_\_\_ Hebrew Birth Date \_\_\_\_\_  
Bar/Bat Mitzvah Shabbos Date \_\_\_\_\_ Torah/Haftorah Portion \_\_\_\_\_

**YARZHEITS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_  
Month/Day/Year of Death (if secular date, note time) \_\_\_\_\_  
Observed By (circle): family member (1) member (2)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_  
Month/Day/Year of Death (if secular date, note time) \_\_\_\_\_  
Observed By (circle): family member (1) member (2)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_  
Month/Day/Year of Death (if secular date, note time) \_\_\_\_\_  
Observed By (circle): family member (1) member (2)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew Name (transliteration) \_\_\_\_\_  
Month/Day/Year of Death (if secular date, note time) \_\_\_\_\_  
Observed By (circle): family member (1) member (2)

If additional room is needed, please complete on the back of this page.

**Annual Dues: \$ 900.00**