

בית דין צדק ד'קווֹיִנֶס

BETH DIN ZEDEK OF QUEENS

REQUEST FOR A JEWISH DIVORCE

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME () _____ BUSINESS: () _____

HEBREW NAME: _____ FATHER'S HEBREW NAME: _____

IS YOUR FATHER A: KOHEN LEVI YISROEL (CIRCLE ONE)

HAVE YOU BEEN PREVIOUSLY MARRIED: YES NO IF YES ANSWER BELOW

NAME OF SPOUSE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME () _____ BUSINESS: () _____

RELIGIOUS DIVORCE SUPERVISED BY: _____

DATE OF BIRTH: _____ CITY: _____

MOTHER'S FULL NAME: _____

PARENTS ADDRESS: _____

TELEPHONE: _____

NAME OF SPOUSE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME () _____ BUSINESS: () _____

HEBREW NAME: _____ FATHER'S HEBREW NAME: _____

IS YOUR SPOUSE A: KOHEN LEVI YISROEL (CIRCLE ONE)

HAS YOUR SPOUSE BEEN PREVIOUSLY MARRIED: YES NO IF YES ANSWER BELOW

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME () _____ BUSINESS: () _____

RELIGIOUS DIVORCE SUPERVISED BY: _____

DATE OF BIRTH: _____ CITY: _____

MOTHER'S FULL NAME: _____

PARENTS ADDRESS: _____

TELEPHONE: _____

ARE YOU CIVILY DIVORCED: _____ LAW FIRM: _____

TELEPHONE: _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

NAME OF RABBI: _____

ARE THERE ANY CHILDREN FROM THIS MARRIAGE: YES NO

IF YES, PLEASE LIST NAME(S) AND DATE(S) OF BIRTH: _____

I HEREBY APPLY TO THE BETH DIN FOR A "GET" JEWISH DIVORCE.

HUSBAND'S SIGNATURE: _____ WIFE'S SIGNATURE: _____

DATE: _____