ב"ה

**PERSONAL INFORMATION FORM**

*To be completed for the person reserving a burial plot*

Please complete as much information as possible. Contact our office if you have any questions

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | | | | | | | | | |
| **First Name/s:** | | | | | | | | | |
| **Hebrew Name:** | | | | | | | | | |
| **Father’s Hebrew name:** | | | | | | | | | |
| **Mother’s Hebrew name:** | | | | | | | | | |
| **Tribe: *(Please tick)*** **Cohen**  **Levi**  **Israel** | | | | | | | | | |
| **Date of Birth:** | | | | | | | | | |
| **Residence Address:** | | | | | | | | | |
| **Suburb:** | | | | **State:** | | | | **Postcode:** | |
| **Mobile:** | **Email:** | | | | | | | | |
| **Father’s English first name/s:** | | | | **Surname:** | | | | | |
| **Mother’s English first name/s:** | | | | **Maiden name:** | | | | | |
| **Your Occupation (during working life):** | | | | | | | | | |
| **Retired: Yes / No Type of Pension: Aged / Invalid / War Veteran/other** | | | | | | | | | |
| **Place of Birth - Town:** | | | | | **Country:** | | | | |
| **Date of arrival in Australia (if born overseas) dd/mm/yy:** | | | | | | | | | |
| **Current Marital Status:** | | | | | | | | | |
| ***Marriage Details*** | | | | | | | | | |
| **Town of Marriage:** | | | **Country:** | | | | | | |
| **Your Age When Married:** | | | | | | | | | |
| **Spouse’s First Name:** | | | **Spouse’s Maiden Name:** | | | | | | |
| ***Second Marriage (if applicable)*** | | | | | | | | | |
| **Marital Status at time of Second Marriage eg. Widowed or Divorced:** | | | | | | | | | |
| **Town of Marriage:** | | | **Country:** | | | | | | |
| **Your Age When Married:** | | | | | | | | | |
| **Spouse’s First Name:** | | | **Spouse’s Maiden Name:** | | | | | | |
| **If more marriages, continue on back of this page** | | | | | | | | | |
| **Children - First Name/s:** | | **Surname:** | | | | **Date of Birth:** | | | **Sex:** |
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|  | | dfasdf | | | |  | | |  |
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| **Name of Synagogue / Rabbi:** | | | | | | | | | |
| **Name of Cemetery:** | | | | **Section:** | | | **Grave number:** | | |
| **Name of Executor or your next of kin to be contacted:** | | | | | | | | | |
| **Relationship:** | | | | | | | | | |
| **Address:** | | | | | | | | | |
| **Mobile:** | | **Email:** | | | | | | | |