

The Jacob Rader Marcus Center  
of the  
AMERICAN JEWISH ARCHIVES



Record of Conversion

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

DATE OF CONVERSION: \_\_\_\_\_ HEBREW DATE: \_\_\_\_\_  
MONTH / DAY / YEAR MONTH / DAY / YEAR

OFFICIATING RABBI / CANTOR: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

HIGHEST LEVEL OF SECULAR EDUCATION ACHIEVED: \_\_\_\_\_

FORMER RELIGION: \_\_\_\_\_

RELIGIOUS EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GENDER AT TIME OF CONVERSION:  FEMALE  MALE

STATUS AT TIME OF CONVERSION:

SINGLE  MARRIED  ENGAGED  DIVORCED  DOMESTIC PARTNERSHIP

AGES OF CHILDREN: \_\_\_\_\_

Please complete and return to: The American Jewish Archives attn: EN  
3101 Clifton Avenue, Cincinnati, Ohio 45220