

The Jacob Rader Marcus Center  
of the  
AMERICAN JEWISH ARCHIVES



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 DOMESTIC PARTNERSHIP

AGES OF CHILDREN (IF ANY): \_\_\_\_\_

*Please complete and return with event documentation to:*

[aja-ref@huc.edu](mailto:aja-ref@huc.edu)

Or by mail to

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