



**בקשה להמרה ליהדות**

**Tora V'Ahava of Florida Inc.**

**1317 Edgewater Drive #562, Orlando, Florida 32804, United States**

Contact us- [Rabbi@tva-florida.org](mailto:Rabbi@tva-florida.org)

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL NAME OF CANDIDATE:

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\_\_\_ MALE \_\_\_ FEMALE \_\_\_ OTHER

PHYSICAL ADDRESS:

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CITY:

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STATE:

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ZIP:

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PHONE:

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(HOME) CELL PHONE:

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EMAIL ADDRESS:

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MARITAL STATUS: \_\_\_ MARRIED \_\_\_ DIVORCED \_\_\_ SINGLE \_\_\_ WIDOWED; MARRIED OR ENGAGED TO BE MARRIED

IS YOUR SPOUSE/SIGNIFICANT OTHER:

\_\_\_ JEWISH BY BIRTH \_\_\_ NOT JEWISH \_\_\_ ALREADY CONVERTED TO JUDAISM FULL NAME OF SPOUSE/SIGNIFICANT OTHER:

NAME OF RABBI or BEIT DIN WHO SUPERVISED CONVERSION OF SPOUSE/SIGNIFICANT OTHER:

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YOUR DATE OF BIRTH:

\_\_\_/\_\_\_/\_\_\_

AGE:

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BORN AND RAISED IN:

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EDUCATION - LAST SCHOOL ATTENDED: DEGREES:

\_\_\_\_ HIGH SCHOOL \_\_\_\_ UNIVERSITY (B.A./B.S.) \_\_\_\_ MASTERS \_\_\_\_ DOCTORATE OCCUPATION:  
EMPLOYER:

PRESENT RELIGIOUS DENOMINATION OR AFFILIATION:

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CHILDREN: \_\_\_\_ NO \_\_\_\_ YES

NAMES OF CHILDREN FROM OLDEST TO YOUNGEST, THEIR GENDER AND THEIR AGES:

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### **WHY ARE YOU INTERESTED IN CONVERTING TO JUDAISM?**

IF YOU WERE RECOMMENDED BY A RABBI OR SYNAGOGUE, PLEASE  
GIVE HIS/HER/THEIR NAME AND CONTACT INFORMATION (email  
address and phone number):

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### **HOW DID YOU HEAR ABOUT OUR CONVERSION PROGRAM?**

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**ANY ADDITIONAL INFORMATION YOU THINK MIGHT BE HELPFUL AND  
YOU WOULD LIKE TO SHARE WITH  
US?** \_\_\_\_\_

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