



B'nai Mitzvah *Scroll* Information Form

Bar/Bat Mitzvah Complete Name _____
(First, Middle, Last)

Hebrew Name _____

Date of *Simhah*: _____

Mother's Name _____ Alive Blessed Memory

Father's Name _____ Alive Blessed Memory

Paternal Grandmother's Name _____ Alive Blessed Memory

Paternal Grandfather's Name _____ Alive Blessed Memory

Maternal Grandmother's Name _____ Alive Blessed Memory

Maternal Grandfather's Name _____ Alive Blessed Memory

Please include any titles for individuals (Dr., Rabbi, etc.)

Any additional info (i.e. step grandparents, step parents, etc.): _____

My child is a _____ grade student at _____ [Name of School].

His/Her mitzvah project is _____

Please return this form to the synagogue office along with a high resolution .jpg of your child as soon as possible, but no later than *two months prior to the month of the simhah*.

Forms may be submitted to Liat Novek by email (liat@bnaiisraelcong.org), fax (301-881-6221) or by mail (6301 Montrose Road, Rockville, MD 20852). If you are bringing in or mailing a photo, please write your child's name on the back with a permanent marker. All hard copies of photos will be returned. Questions? Contact Liat at 240-221-2507.