

CHEVRA KADDISHA APPLICATION FORM

בס"ד



Ref:

מחלקת
חברה קדישא

Name:

Hebrew Name:

Known As:

Address:

Phone Number: Landline: Mobile:

Email Address:

Which shul are you a member of:

Date of Birth:

Married / Single

Wife's maiden name:

UK driving license: Yes / No

Own a car: Yes / No

Available hours Am Pm

Any previous experience with Niftorim? Yes / No

If yes, What

Reason why you want to join the Chevra Kaddisha:

Manchester Beth Din
Jubilee School
Bury Old Rd
Manchester
M7 4QY
0161 740 9711
info@mbd.org.uk
www.mbd.org.uk