



514 MAIN STREET
HAVERHILL, MA 01830

978-373-3861 * FAX 978-373-7995 * www.TempleEmanu-El.org

MARITAL STATUS: Married _____ Single _____ Divorced _____ Separated _____

FIRST ADULT: _____ D.O.B. _____
Last First

HEBREW NAME: (in English) _____

SECOND ADULT: _____ D.O.B. _____
Last First

HEBREW NAME: (in English) _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP _____

HOME PHONE: _____

FIRST ADULT CELL PHONE: _____ SECOND ADULT CELL PHONE: _____

FIRST ADULT EMAIL ADDRESS: _____ SECOND ADULT EMAIL ADDRESS: _____

FIRST ADULT EMPLOYER OR BUSINESS: _____

BUSINESS ADDRESS: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ WORK FAX: _____

OCCUPATION: _____

SECOND ADULT EMPLOYER OR BUSINESS: _____

BUSINESS ADDRESS: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ WORK FAX: _____

OCCUPATION: _____

SPECIAL INTEREST: _____

TALENTS: _____

COMMITTEE INTEREST: _____ ADULT EDUCATION _____ BROTHERHOOD _____ SISTERHOOD
_____ RELIGIOUS SCHOOL _____ HOUSE _____ SOCIAL ACTION _____ MEMBERSHIP/OUTREACH _____ YOUTH

CHILDREN:

ENGLISH NAME

HEBREW NAME
(In English)

DATE OF BIRTH

ENGLISH GRADE

Yahrzeits: (TO BE RECORDED AND NOTICES TO BE SENT ANNUALLY)

NAME:

RELATIONSHIP

DATE OF DEATH

**DID DEATH OCCUR
AFTER SUNDOWN?**

PREVIOUS SYNAGOGUE AFFILIATION:

NAME OF TEMPLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____

AGREEMENT

As a member of Temple Emanu-El, I agree to pay for the support and maintenance of the Temple, dues, and fees as determined by the Board of Directors, and as agreed to by the dues committee and myself.

Signed: _____

Date: _____