## Rabbi Moishe Kievman

Chabad Chayil - Highland Lakes, FL

## Marriage Registration Form

State \_\_\_\_\_ City \_\_\_\_ County \_\_\_\_

Groom	Bride
Name	Name
Last First Middle	Last First Middle
Hebrew Name	Hebrew Name
BirthplaceDOB//	BirthplaceDOB//
Tel Cell	Tel Cell
Address	Address
CityST Zip	CitySTZip
eMail	eMail
Father's Name	Father's Name
His Hebrew NameState if Kohen or Levi	His Hebrew NameState if Kohen or Levi
Son of &	Son of &
Mother's Maiden Name	Mother's Maiden Name
Her Hebrew Name	Her Hebrew Name
Daughter of &	Daughter of &
Are both parents Jewish by birth? If answer is no, give full details on reverse side.	Are both parents Jewish by birth? If answer is no, give full details on reverse side.
Previous marriage: Any Date Children	Previous marriage: Any Date Children
How terminated?	How terminated?
If by divorce give date of Get	If by divorce give date of Get
Rabbi who issued Get	Rabbi who issued Get
Contact info of Rabbi	Contact info of Rabbi
I hereby certify that the information given above is correct.  Signature  Of Groom	I hereby certify that the information given above is correct.  Signature  Of Bride