



בית הכנסת דחסידי חב"ד-ליובאוויטש
גלדרס - גריין לונדון
רב ביה"כ: הרב יצחק מאיר הרץ שליט"א

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Phone # _____ Office # _____

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Hebrew Name _____ Date of Birth _____

Please tick Cohen Levi Yisroel

Yohrzeits _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Wife's Hebrew Name _____ Date of Birth _____

Wife's Father's Hebrew Name _____

Wife's Mother's Hebrew Name _____

Date of Marriage _____

Under which Rabbinical Authority? _____

Children (If you need more space please use another sheet)

Name Date of Birth Name Date of Birth

Name	Date of Birth	Name	Date of Birth

Signature _____ Date _____

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