Family History Form

Please complete this form as fully as possible. The information you provide helps Melbourne Chevra Kadisha honour your family's history in accordance with Jewish tradition.

YOUR DETAILS

FIRST NAME _____ MIDDLE NAME _____ SURNAME _____

SURNAME AT BIRTH *(if different to above)* _____ HEBREW NAME _____

☐ Cohen ☐ Levi ☐ Israel

STREET ADDRESS _____ PHONE NUMBER _____

EMAIL ADDRESS _____ OCCUPATION *(during working career/life)* _____

☐ Retired

MARITAL STATUS

☐ Married ☐ Divorced ☐ Widowed ☐ Never Married

BIRTH DATE _____ BIRTH CITY _____ BIRTH COUNTRY _____

DATE OF ARRIVAL *(if not born in Australia)* _____

YOUR FATHER

FIRST NAME _____ MIDDLE NAME _____ SURNAME _____

HEBREW NAME _____ OCCUPATION *(during working career/life)* _____

YOUR MOTHER

FIRST NAME _____ MIDDLE NAME _____ SURNAME _____

MAIDEN NAME _____ HEBREW NAME _____ OCCUPATION *(during working career/life)* _____

YOUR FIRST MARRIAGE

SPOUSE'S FIRST NAME _____ MIDDLE NAME _____ SURNAME _____

PREVIOUS SURNAME *(if applicable)* _____ MARRIAGE DATE _____ CITY _____ COUNTRY _____

Children of this marriage

	FULL NAME	DATE OF BIRTH	PLACE OF BIRTH
1			
2			
3			
4			
5			
6			

YOUR SECOND MARRIAGE — if applicable

SPOUSE'S FIRST NAME _____ MIDDLE NAME _____ SURNAME _____

PREVIOUS SURNAME *(if applicable)* _____ MARRIAGE DATE _____ CITY _____ COUNTRY _____

Children of this marriage

	FULL NAME	DATE OF BIRTH	PLACE OF BIRTH
1			
2			
3			

YOUR SIBLING DETAILS

If more space is required, please continue in the notes section below.

	FULL NAME	DATE OF BIRTH	PLACE OF BIRTH
1			
2			
3			
4			

ADDITIONAL NOTES / HISTORY / HOLOCAUST DETAILS

COMPLETED BY _____ DATE _____