

BABY NAMING FORM

Please fill out as much as possible

Date requested: _____

Rabbi performs all baby naming on Saturday mornings at Temple Beth Shalom

Child's Name: _____

Parents Names: _____

Phone/Cell : _____ E-mail: _____

Home Address: _____

Date of Birth: _____ Time: _____ Hebrew Date: _____

Hebrew Name: _____ Female _____ Male _____

Ben (Son of) / Bat (Daughter of) _____ v' _____
(circle one) (Father's Hebrew Name) (Mother's Hebrew Name)

Named After (and relationship to CHILD): _____

Child's Living Grandparents' Names: _____

Child's Living Great-Grandparents' Names: _____

Sisters (and ages) _____

Brothers (and ages) _____

Temple members : Yes _____ No _____