

## Life Data Information Form

1. Your Name:
2. Your Jewish (Hebrew) name, if known:

\*Traditionally given as YOUR NAME *ben/bat* [son/daughter] of PARENT NAME & PARENT NAME). In some cases the PARENT NAME/S may not be known, or a parent may not be Jewish and therefore not have a "Jewish" name. If your parents have/had a Jewish wedding document (Ketuba) their names may appear there. If you do not read Hebrew a rabbi can usually decode the names. Or attach a xerox copy of your parents' wedding document, if available, to this Life Data document. Provide whatever information you feel is reliable.

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3. Your Legal Residence:
4. Your Other residence/s:
5. Your Phone Number/s: (Mobile) (Landline)
6. Your E-mail Address: Password:
7. Your Social Security Number:
8. Your Birthdate & Birthplace:
9. Your Passport Number (& Country):
10. Your Medicare and/or Health Insurance or Supplement Company & I.D. Number/s:
11. VA Claim Number if you have one:
12. Military Service Serial Number: Date of Discharge:
13. Your Spouse/Partner/Next of Kin:

14. Your Spouse/Partner/Next of Kin's contact:

Mobile Phone Number:

Landline Phone Number:

E-mail address:

Address:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_