

## BRIS INFORMATION SHEET

(if unsure of any of the information, please leave blank. Items with \* are required prior to ceremony)

\* Full name of Father (English) \_\_\_\_\_

Full name of Father (Hebrew) \_\_\_\_\_

if no Hebrew name

\* Full Name of Mother (English) \_\_\_\_\_

Full Name of Mother (Hebrew) \_\_\_\_\_

if no Hebrew name

\* Parents Telephone Number \_\_\_\_\_

Parents Fax Number \_\_\_\_\_

\* Date and Time of Bris \_\_\_\_\_

Hebrew date of Bris Ceremony \_\_\_\_\_

\* Location of Bris Ceremony \_\_\_\_\_

\* Child's English Name \_\_\_\_\_

\* Child's Hebrew Name \_\_\_\_\_

Transliteration of Child's Hebrew Name \_\_\_\_\_

\* Date and time of Birth \_\_\_\_\_

Date of Birth on Jewish calendar \_\_\_\_\_

(if you do not know, don't worry, I have a calendar)

Is Family Member of Synagogue?  No  Yes, Which one \_\_\_\_\_

People receiving honors:

English name(s) of Kvater/Kvaterin \_\_\_\_\_

(One who brings baby in and places on Elijah's chair)

\* English name and relation, if any, of Sandek \_\_\_\_\_

(Person who holds the Baby during the ceremony)

English name of person to lead in the Prayer over wine \_\_\_\_\_

**Michael A. Sanford, M.D., Certified Mohel**

**Please Fax after being completed to 760-773-5284**