

DIVORCE RECORD

HUSBAND

English Name: _____

Last First Middle

Hebrew Name: _____ son of _____

Kohen / Levi / Israelite (please circle)

Address: _____

Contact Information:

Home: _____ Work: _____

Cell: _____ E-mail: _____

Adopted/converted? _____ Parents adopted/converted? _____

If you and/or your parents were adopted or converted, please indicate whom and attach a copy of all conversion papers to this application.

Previously married? _____ If so, how did the previous marriage terminate? _____ (e.g. death, divorce, etc.)

If previously divorced, provide the name of the Rabbinic Court that issued the Get: _____ and attach a copy of your previous Get document.

WIFE

English Name: _____

Maiden First Middle

Hebrew Name: _____ daughter of _____

Address: _____

Contact Information:

Home: _____ Work: _____

Cell: _____ E-mail: _____

Will you resume your maiden name? Yes No

Adopted/converted? _____ Parents adopted/converted? _____

If you and/or your parents were adopted or converted, please indicate whom and attach a copy of all conversion papers to this application.

Previously married? _____ If so, how did the previous marriage terminate? _____ (e.g. death, divorce, etc.)

If previously divorced, provide the name of the Rabbinic Court that issued the Get: _____ and attach a copy of your previous Get document.

Marriage _____
Date City Officiating Rabbi

Separated as of _____

Civil Divorce _____
State County City Date of Final Decree Index No.

Suggested Dates/Times (i.e. Mondays, afternoons, April 12th) When You are Available for Your Get:*

1. _____ 2. _____ 3. _____

*Please note that we generally schedule appointments in the afternoons Monday through Thursday.

Modest Attire Requested

FOR OFFICE USE ONLY

Fee _____ Date Scheduled _____ File No. _____

Name of Mesader HaGet _____ Name of Sofer: _____

Other Members of Beth Din: _____

Witnesses: _____

Hebrew Date: _____ Date Get Issued: _____

If delivery via Shaliach: Location of Get Delivery _____

Name of Shaliach _____