

BETH DIN ZEDEK

BETH DIN ZEDEK ECCLESIASTICAL JUDICATURE OF THE CHICAGO RABBINICAL COUNCIL

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בית דין צדק דק"ק שיקגו והגליל
דמועת הרבנים זשיקגו

בס"ד

הרב ישראל מאיר קרנו, ראב"ד מלפנים
RABBI ISRAEL M. KARNO
Av Beth Din Emeritus

הרב גדלי דוב שווארץ, ראב"ד
RABBI GEDALIA DOV SCHWARTZ
Av Beth Din

הרב חיים דוד רגנשברג, זצ"ל, מייסד הבר"ץ
RABBI C. DAVID REGENSBERG, of blessed memory

הרב אברהם מרדכי אברמסון
RABBI ALAN M. ABRAMSON
Menahel

DIVORCE RECORD

HUSBAND

English Name: _____
Last First Middle

Hebrew Name: _____ son of _____

Address: _____

Contact Information:

Home: _____ Work: _____

Cell: _____ E-mail: _____

Kohen / Levi / Israelite (please circle)

Adopted or converted? _____ Previously married? _____

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

If you have been previously divorced, name the Rabbinic

Court that issued the Get: _____

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 or converted? _____ Previously married? _____

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

If you have been previously divorced, name the Rabbinic

Court that issued the Get: _____

Marriage _____
Date City Officiating Rabbi

Separated as of _____

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

Suggested Dates/Times (preferred date, day of week, or time of day) When You are Available for Your Get:*

1. _____ 2. _____ 3. _____

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

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 _____