

BETH DIN ZEDEK
BETH DIN ZEDEK ECCLESIASTICAL JUDICATURE OF THE
CHICAGO RABBINICAL COUNCIL

2701 W. Howard Street Chicago, Illinois 60645-1303
773-465-3900 FAX: 773-465-6632
e-mail: info@crcweb.org

בית דין צדק דק"ק שיקגו והגליל
דמועת הרבנים דשיקגו

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

DIVORCE RECORD

HUSBAND

WIFE

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.

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 _____

A non-refundable deposit of \$150 is due with this application.